



Transportation by Private Vehicle

For Educational Field Trips, Cocurricular, and Extracurricular Activities

- To be completed by the volunteer driver.
- Once completed, submit to the building principal for review.
- Once a decision has been made, copies of this form are sent to the coach/advisor and volunteer/driver.

With the approval of the building administrator or his/her designee, staff member(s) or other adults may drive students to and/or from educational field trips, cocurricular, or extracurricular activities on a voluntary basis.

The following requirements are set forth by the Board of Education and are designed to ensure reasonable protection for both passengers and driver. A volunteer driver must meet all requirements listed below:

- A driver must certify he/she has liability insurance.
- A driver must have a valid driver's license with no pending OMVI or OMVI Per Se charges.
- A driver must have less than six points on his/her current driving record in the past two years.
- The vehicle they are driving is mechanically safe.
- The vehicle must have adequate seating with seat belts for the number of persons to be transported.
- The vehicle used for transportation of students must not hold more than ten people.
- The vehicle must conform to registration requirements set forth by the State of Ohio.
- There must be no known reason to believe he/she cannot operate said vehicle safely.
- At no time and under no circumstances is a student authorized to transport other students.

Fees cannot be collected from passengers as payment for this transportation, nor can the Dublin City Schools reimburse transportation expenses to the driver.

My signature below signifies I have read the afore mentioned requirements and I certify that I comply. I further certify that the information provided is accurate as of the date noted.

Please complete the following:

Name: _____ Date of birth: _____

Address: _____

Phone number: Home _____ Work _____

License number: _____ State: _____

Expiration date of license: _____

Name of insurance company: _____

Insurance policy number: _____ Expiration date: _____

Signature: _____ Date: _____

To be completed by building administrator or his/her designee:

Approval: Yes _____ No _____

Building administrator or designee: _____ Date: _____