

CENTRAL KITSAP SCHOOL DISTRICT NO. 401 Silverdale, Washington 98383

AUTHORIZATION FOR USE OF PRIVATE AUTO FOR STUDENT TRANSPORTATION

VEHICLE OWNER'S PERMISSION.

I hereby give permission for use of my vehicle for transporting students for the following purpose/activity:		
on to		
I certify that the vehicle and driver are insured for the following minimum limits of liability:		
Bodily injury: \$25,000 per person, \$50,000 per occurrence (state minimum requirement) Property damage: \$10,000 (state minimum requirement)		
My Insurance Company:	Policy No.	
I understand that my insurance company is primary in the case of any incident and that Central Kitsap School District liability, if any, would only be in excess of the limits stated above.		
Signature of Driver	Printed Name	Date
* If owner is under age of 18, signature of parent is required.		
DRIVER'S DECLARATION.		
I certify that I have a valid driver's license issued by the state Department of Licensing, or a state of residence.		
I declare that my vehicle is in sound mechanical condition, and my vehicle can transport people, including driver, with safety belts, and I agree to all occupants wearing safety belts as required by law.		
Signature of Driver	Printed Name	Date
SCHOOL DISTRICT AUTHORIZATION (Building Administrator).		
This is authorized for: Student transporting self ONLY (secondary only) Staff/Volunteer/Parent transporting students		
Signature of Building Administrator/Location	n Date	