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 _____, or from the period from _____ 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 Parent *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 Washington State Driver's License.

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 *Date*

Revised 4/06