

Oregon City Public Schools

REQUEST FORM FOR TRANSPORTATION OF STUDENTS IN PRIVATE VEHICLES

I _____
Name and address of registered owner of automobile

request permission to transport _____
Names of students

to _____
School and Activity

I carry liability insurance in the amount of \$ _____
Amount of Coverage

with _____
Insurance Company Policy Number

Signature _____

I _____
School Administrator

agree that the proposed trip is a school sanctioned
activity and grant permission for _____
Name of Person

to transport the students listed above to _____
Destination

and to return no later than _____ to _____
Time of Return School

Signature of Administrator _____

School _____ Date _____

Prepare this form in triplicate: retain one copy, return one copy to applicant and forward one copy to the Administration Office prior to the activity.