

**Clinton Community Schools**  
**Student Transportation in Private Vehicle**

Name: \_\_\_\_\_

Date & Event for Transporting Students: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Are you an adult (non-high school student)? \_\_\_\_\_

Do you have a health condition which may affect your ability to drive a vehicle: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Vehicle to be driven to school function(s):

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

Is the vehicle in generally good condition (please check ALL that apply):

\_\_\_\_\_ Equipped with seatbelts

\_\_\_\_\_ Brakes work well

\_\_\_\_\_ Good tires

\_\_\_\_\_ Appropriate working lights

Automobile insurance company: \_\_\_\_\_

Policy Holder Name & Policy Number: \_\_\_\_\_

Number of years you have been driving: \_\_\_\_\_

Number of moving vehicle violations in the last year: \_\_\_\_\_

If any moving violations, please explain: \_\_\_\_\_

Number of accidents since driving: \_\_\_\_\_

If any accidents, please explain: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_