## DRIVER'S PERMISSION FOR USE OF PRIVATE VEHICLE TO TRANSPORT SIATECH STUDENTS

NOTE: This form must be completed and returned to the administrator in charge at least 24-hours prior to the activity

Date Subn	nitted	Date of Activity	Advisor/Teacher			
Purpose o	f Activity					
Destination	n of Activity		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
DRIVER	'S PROOF OF IN	ISURANCE COVERAC	<u>GE:</u>			
Name of Ir	nsurance Co		Policy#	<u> </u>	Expiration	
Name of Local Agent						
Limits of Liability			Property Damage			
VEHICL	E: Make/Model/Yea	r		Car Lice	ense#	
Registered	d Owner Name			Safe Operating Co	ndition?   Yes   No	
Home AddressC						
			ths? ☐ Yes ☐ No Age of driver if under 21			
Has driver	had any accidents i	n the past twelve (12) mont	hs? □ Yes □ No	(If yes to either que	estion, please explain:)	
transportar PASSENG	tion by private vehic SER LIMITATIONS -	nancial charge to SIATech, e. - The number of passenger for the vehicle and in all ca	s to be transported in	any one vehicle sh	all <b>not</b> be more than	
<u>I UNDEF</u>		OLLOWING CONDITION				
1.	I have read and ur requirements.	nderstand the requirements	and limitations and I	meet the minimum	insurance	
2.	Permission is also h	ereby granted to any adult to s	eek and obtain medical	assistance and servi	ces for said student while	
3.	on such field trip or a Private insurance co	verage will be primary; SIATe	ch insurance will be sec	condary.		
4.	Parent Permission delivered to the adm	Slips will be required of ALL s	tudents and must be in	the possession of the	driver and must be	
6.	<ol><li>The only person approved to drive will be the driver designated above.</li></ol>					
SIGNATURE	OF DRIVER	(SIATech reserves th	SIGNATURE OF PAR ne right to verify signature		NDER 21 YEARS OF AGE)	
ADDDOV	N OF SITE ADMINI	STDATOD		DATE		