

MERCER ISLAND SCHOOL DISTRICT #400
AGREEMENT – ADULT DRIVER OF PRIVATE VEHICLE

I agree to transport and supervise the following students:

on a trip to _____
(Destination)

on _____
(Date)

Washington state driver's license number: _____

Cell phone number: _____

I am aware that the school district vehicle liability insurances will not be in effect. I certify that: I have a valid Washington driver's license; a minimum of \$300,000 single limit or \$100,000/\$300,00/\$50,000 split limits of liability coverage; the vehicle I will be driving is in good operating condition and has seat belts for the driver and all passengers; all seat belts will be secured when transporting students; and I will not exceed the vehicle-rated maximum passenger capacity of the car.

Driver's signature Date

Recommended approval: _____
Teacher's signature Date

Recommended approval: _____
Principal's signature Date

WATCH background check required for all parent/volunteer drivers.

REFERENCES:
POLICY 6225 Private Vehicle Transportation
REVISED: 09/01/2011