

BURNT HILLS-BALLSTON LAKE CENTRAL SCHOOL DISTRICT
Request for Authorization to Transport Pupils in Private Vehicles

Please provide the requested information and return to the Business Office.

Name: _____

Request Date: ____/____/____

Driver's License Number: _____

Date of Birth: ____/____/____

Vehicle:

Vehicle Owner:

Make & Model: _____

Name: _____

Available Seat Belts: _____

Address: _____

Insurance Company: _____

Insurance Limits: _____

Minimum allowed is \$100,000 per person/\$300,000 per incident.

Insurance Expiration Date: ____/____/____

Date of Last Inspection: ____/____/____

Registration Expiration: ____/____/____

If driving students to an athletic match, please list the sport _____

I understand the conditions described in Policy 7325 and authorize the District to request an abstract of my driving record from the Department of Motor Vehicles.

Signature: _____

Date: ____/____/____

Approved By: _____

Date: ____/____/____

Assistant Superintendent for
Support Services

Note: This is not a blanket approval to transport students. Prior request and approval procedures described in AR7370 must still be followed.