

CENTRAL KITSAP SCHOOL DISTRICT NO. 401 Silverdale, Washington 98383

AUTHORIZATION FOR USE OF PRIVATE AUTO FOR STUDENT TRANSPORTATION

VEHICLE OWNER'S PERMISSION.

I hereby give permission for use of my	vehicle for transporting students for the fo	ollowing purpose/activity:
on, or from	m the period from to	·
I certify that the vehicle and driver are	insured for the following minimum limits	of liability:
Bodily injury: \$25,000 per person, \$ Property damage: \$10,000 (state m	\$50,000 per occurrence (state minimum req ninimum requirement)	uirement)
My Insurance Company:	Policy No.	
I understand that my insurance compa District liability, if any, would only be	ny is primary in the case of any incident ar in excess of the limits stated above.	nd that Central Kitsap School
Signature of Driver	Printed Name	Date
* If owner is under age of 18, signature	e of parent is required.	
DRIVER'S DECLARATION.		
I certify that I have a valid driver's licer	nse issued by the state Department of Licer	nsing, or a state of residence.
•	echanical condition, and my vehicle can tra I agree to all occupants wearing safety bel	
Signature of Driver	Printed Name	Date
SCHOOL DISTRICT AUTHORIZAT	ION (Building Administrator).	
	nt transporting self ONLY (secondary only) Volunteer/Parent transporting students	
Sionature of Buildino Administrator/I	ocation Date	