

Burnt Hills-Ballston Lake Central School District

PO Box 1389, Ballston Lake, NY 12019

Request for Authorization to Transport Pupils in Private Vehicles

Please provide the requested information and return to the Business Office, PO Box 1389, Ballston Lake, NY 12019

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 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 8417 and authorize the District to request an abstract of my driving record from the Department of Motor Vehicles.

Signature

Date

Approved by: _____
Assistant Superintendent for Support Services

Date

Note: This is not a blanket approval to transport students. Prior request and approval procedures described in AR4531 must still be followed.