

**USE OF PRIVATE VEHICLES ON SCHOOL BUSINESS
PERMIT AUTHORIZATION FORM**

BHS (9-12)
 BMS (6-8)
 BIS (4-5)
 BPS (1-3)
 JFK (Kindergarten)

Employee Name: _____ Home Phone #: _____
(please print)

Date of Birth: _____

Name of Insurance Carrier: _____ Phone: _____
(please print)

Proof of adequate liability coverage provided by employee: Yes No
(attach copy of insurance card)

Does employee have valid inspection sticker? Yes No

Does employee have valid/current registration? Yes No

Employee has read and received a copy of Policy EEBB
(Use of Private Vehicles on School Business) Yes No

Employee has read and received a copy of Policy EEBB-R
(Use of Private Vehicles on School Business Administrative Regulation) Yes No

Permit valid for school year: _____ **Note:** Permits must be renewed each school year.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Department of Motor Vehicle History Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
			Initials Date
Permit Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
			Signature of Administrator Date
NOTE: File completed form with Building Principal.			

Cross Reference: EEBB - Use of Private Vehicles on School Business
EEBB-R - Use of Private Vehicles on School Business—Administrative Regulation

Adopted: June 14, 2005