

**STUDENT TRANSPORTATION  
IN PRIVATE VEHICLES**

Exhibit Code: **6355-E1**

SCHOOL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

PERSON/TITLE TRANSPORTING: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

REASON FOR USE OF PRIVATE VEHICLE: \_\_\_\_\_

\_\_\_\_\_

DATE(S): \_\_\_\_\_

APPROXIMATE TIME OF DEPARTURE: \_\_\_\_\_ RETURN: \_\_\_\_\_

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I give my permission for my student to be transported to the above-named activity by private vehicle, driven by \_\_\_\_\_.

The driver, \_\_\_\_\_, is properly licensed and has vehicle liability insurance required by the State of North Carolina.

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I also give my permission for necessary emergency treatment in case of injury or illness for my child.

Private Health Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

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\_\_\_\_\_  
Signature of Principal Date