



Student's Name _____

**LIBERTY UNION HIGH SCHOOL DISTRICT
FIELD TRIP BY PRIVATE VEHICLE**

The following event is scheduled for the students of our school district. Please fill out and sign this notice and indicate if you will be available to assist in transporting students to this educational experience.

Certificated person in charge: _____

_____ Date of Trip _____ Destination _____

Time of transportation is needed _____ Time of return trip _____

Private Vehicle Pupil Transportation Minimum Requirements

1. Insurance – Public Liability

Bodily Injury	\$100,000/300,000 per accident
Property Damage	\$50,000 per accident
Medical Payment	\$2,000

2. Financial Charge

No financial charge to the District shall be made for pupil transportation by private vehicle.

3. Number of Passengers (Exclusive of Driver)

The number of passengers to be transported in any one vehicle shall not be more than the legally permissible number of passengers deemed appropriate for the vehicle.

1. I understand these transportation minimum requirements and do carry insurance with:

Insurance Co. _____

Effective Dates _____

Policy # _____ Limits _____

2. I will be able to furnish transportation on the following date: _____

3. Number of passengers I can transport: _____

Date: _____ Parent's Signature _____



HERITAGE HIGH SCHOOL



LIBERTY HIGH SCHOOL



FREEDOM HIGH SCHOOL