



USE OF PRIVATE VEHICLE FORM

Support Staff Transporting Special Needs Students for School Programming

This form is to be completed by all support staff required to transport special needs students as part of their assigned duties for school programming. Please complete each school year. Completed forms will be retained by the school.

Date:	School:	
Purpose of Trip:		
Destination:	Number and/or Names of Students:	
Departure: Date: _____ Time: _____	Return: Date: _____ Time: _____	
Supervising Staff: _____ _____		
Vehicle(s) to be used:		
Vehicle Plate Number	Owner	Driver
_____	_____	_____
_____	_____	_____
Please list the passengers in each vehicle on a separate page and submit along with this form.		
_____		_____
School	Approved by School Administrator	

