

North Santiam School District

Student Transportation by Private Vehicle Inspection Form

Drivers Name: _____

Address: _____

ODL: _____ Phone: _____

DOB: _____ Background Check _____

Insurance:

Policy #: _____

Liability Coverage: _____ Copy of policy _____

Company: _____

Agent Phone #: _____

Vehicle Inspection Date: _____

Make: _____ Model: _____ Year: _____

Safety Inspection:

- 1. Horn: _____
- 2. # of seat belts _____
- 3. Wipers _____
- 4. Tires _____
- 5. Headlights _____
- 6. Tail lights _____
- 7. Brake Lights _____
- 8. Turn Signals _____

Items 1-8 must be ok
in order to approve form

The signing off of the above items indicates only that those items were working on the day of the inspection. No mechanical work was done, and the inspector and the district will assume no liability in regard to the vehicles working condition.

Only the below listed student passengers are permitted to be transported in this vehicle during the school sponsored trip. It is the responsibility of the supervisor to ensure that this condition is enforced.

NAME	PHONE	PARENT/APPROVAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Final Approval of Vehicle: _____ Date: _____

District Admin or District Safety Officer Only