

FORM 15 - Carpool Authorization & Multi-Student Transportation Request

Why this form is different: This is used when one adult will be driving **more than one student**, not just their own child. Because this increases responsibility and risk, consent must be clearly documented for *each* student being transported.

This form protects the district by clarifying:

- The transportation arrangement is **parent-to-parent**, not school-arranged
- The driver is acting as a **private party**, not a school agent
- Liability transfers to the transport adult during travel
- Supervision is not provided by the district while in private vehicles

Activity/Event: _____ **Date of Trip/Season Duration:** _____

☐ One-time event

☐ Ongoing for season/program

Name of authorized CARPOOL DRIVER: _____

Relationship to students: _____ Phone: _____

Parent/Guardian Acknowledgment (applies to each signer below)

By signing, I understand that:

- ☒ I am authorizing this private driver to transport my child.
- ☒ The district is **not** responsible for safety once my child enters the private vehicle.
- ☒ This is a private transportation arrangement between families.
- ☒ The district is not liable for insurance, injury, or accident during private travel.
- ☒ My child will be checked out to the driver following district release procedures.

STUDENTS AUTHORIZED FOR TRANSPORT

(Each family of each student must sign below or attach separate copies)

[illegible]

Driver Agreement

Driver must provide proof of insurance.

I agree to:

- ☒ Follow all traffic and safety laws
- ☒ Follow all School and District rules and policies while en route to and from the activity
- ☒ Ensure students are seated and buckled
- ☒ Transport students directly to/from authorized event
- ☒ Not make unapproved stops
- ☒ Follow check-in/out roster procedures with school staff

Driver Signature: _____ **Date:** _____

District Acknowledgment

(only confirms receipt of form, not approval of driver credentials)

Staff/Coach receiving form: _____ **Date:** _____

District Action:

District Official will sign the line of the District response to the request.

● **Approved:** _____ **Date** _____

● **Denied:** _____ **Date** _____

Reason for Denial: