

LITCHFIELD SCHOOL DISTRICT
TEACHER TRANSPORTATION AGREEMENT

(Please Print)

Teacher Name: _____ School: _____
Last First Middle Initial

Street Address: _____ City/State: _____

Telephone: _____ Cellphone #: _____

Auto Insurance Carrier: _____ Policy No: _____

Name of Student to be Transported: _____ School: _____

The Litchfield School District may authorize Teacher to and/or from transport student(s) to school sponsored events or school related activities for reasons of convenience or safety, subject to the parent(s) or legal guardian(s) permission, and the Teacher's agreement to meet the requirements detailed below:

Authorization: Any use of private vehicles for the transportation of any student for any reason must have prior written authorization from the Superintendent or his or her designee. Those providing unauthorized student transportation do so at their own expense and liability.

License: The Teacher must provide a copy of a valid New Hampshire driver's license to the district prior to being authorized to drive for the district. Any loss or suspension of such license must be reported to the district immediately.

Insurance: The Teacher must provide evidence of paid insurance to the district prior to being authorized to drive for the district. Such evidence of insurance must include liability coverage (minimum limits of \$100,000 per person, \$300,000 per accident).

Limitations: Teacher's authorization is limited to the direct transportation between school and approved destination. Any deviation between the two locations is not authorized.

I/We acknowledge that I/we have been informed as to the requirements for allowing Teacher to provide transportation by the Litchfield School District. **I/We fully understand that it is my/our responsibility to provide the required insurance coverage.** I/We understand that NH does NOT require drivers to be insured.

I/We represent that I/we hold a valid New Hampshire driver's license, am/are covered by a valid auto insurance policy with the required liability coverage, and am/are physically fit to drive a motor vehicle. I/We recognize that I/we are responsible for his/her safety and the safety of others. The school district will rely on these representations.

I/We acknowledge that I/we must adhere to all the above requirements, and the rules and regulations of the State of New Hampshire Department of Safety, and that failure to comply could rescind the district's approval of this activity.

Signature: _____ Date: _____
Teacher

"I have read the foregoing and will abide by the requirements and regulations contained therein."

Signature: _____ Date: _____
Teacher

NOTE: THIS FORM MUST BE COMPLETED IN ALL DETAILS AND RETURNED TO THE DISTRICT BEFORE THE TEACHER WILL BE ALLOWED TO PROVIDE TRANSPORTATION IN THEIR OWN VEHICLE.

Superintendent or Designee Approval: _____ Date: _____

Please complete page 2: Teacher Transportation Rationale/Justification.

**RATIONALE/JUSTIFICATION TO PROVIDE
TEACHER TRANSPORTATION OF STUDENTS**

Please complete this form and submit with the appropriate transportation consent request.

Teacher Name: _____

Student Name: _____ **Date:** _____

Please write the reason for providing private transportation of the student(s).

Event: _____ **Date:** _____

Location of Event: _____ **Time:** _____

Rationale/Justification:

Superintendent or Designee: _____

NOTE: THIS FORM MUST BE COMPLETED IN ALL DETAILS AND RETURNED TO THE DISTRICT WITH THE CONSENT FORM BEFORE TEACHER TRANSPORTATION OF THE STUDENT(S) WILL BE ALLOWED.