

LITCHFIELD SCHOOL DISTRICT
STUDENT SELF-TRANSPORTATION CONSENT AGREEMENT
(Please Print)

Student Name: Last First Middle Initial Year of Graduation:

Street Address: City/State:

Date of Birth: Telephone:

Name of Parent(s)/Legal Guardian(s): Emergency Telephone #:

Auto Insurance Carrier: Policy No:

The Litchfield School District may authorize the self-transportation by students for reasons of convenience or safety, subject to the written permission of the student's parent(s) or legal guardian(s), and the student'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 student driver 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 student driver must provide evidence of insurance to the district prior to being authorized to drive for the district. Such evidence of insurance must include liability coverage (desired minimum limits of \$100,000 per person, \$300,000 per accident).

Limitations to Student Use: Student authorization is limited to the direct transportation between Campbell High School and the student's approved destination. Any deviation between the two locations is not authorized, and is done so at the parent(s) and student's own expense and liability. Student is not authorized to provide transportation to other students or to use any automobile on school errands.

I/We acknowledge that I/We have been informed as to the requirements for allowing my child to provide his/her own transportation by the Litchfield School District. I/We fully understand that it is my/our responsibility to provide the required insurance coverage for my child, and ensure that my/our child abides by the above requirements. I/We understand that NH does NOT require drivers to be insured.

I/We represent that my/our child holds a valid New Hampshire driver's license, is covered by a valid auto insurance policy with the required liability coverage, and is physically fit to drive a motor vehicle. Our child recognizes that he/she also has a responsibility for his/her safety and the safety of others. The school district will rely on these representations.

I/We acknowledge my/our child 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. I/We consent to my/our child's participation in this activity.

I/We fully understand that the Litchfield School District does not provide any accident or health insurance coverage for my/our child while driving their own motor vehicle. I/We fully understand that it is my/our responsibility to provide insurance coverage for my child, if I/We so decide.

I/We hereby waive, release and discharge the Litchfield School District and SAU #27, their Administrators; Employees; Volunteers; or Agents from any and all liability for bodily injury, including death, disability, personal injury, property damage, property theft or any other cause of action resulting from my child's self-transportation.

I/We hereby indemnify and hold harmless the Litchfield School District and/or SAU #27, their Administrators; Employees; Volunteers; or Agents from any and all liabilities or claims made by other individuals or entities as a result of my child's conduct.

Parents/Legal Guardians or students who do not wish to accept the requirements of this activity as described in this consent form should not sign this permission and consent form.

Signature: Parent/Legal Guardian Date: Work Tel:

Signature: Parent/Legal Guardian Date: Work Tel:

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

Signature: Student Date:

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

Principal Approval: Date:

Superintendent or Designee Approval: Date:

Please complete page 2: Student Self-Transportation Rationale/Justification.

**STUDENT SELF-TRANSPORTATION RATIONALE/JUSTIFICATION**

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

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Please explain the purpose for providing self-transportation.*

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Rationale/Justification:**

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*Superintendent or Designee Signature:* \_\_\_\_\_

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