



Midview Local Schools

Student Transportation in Private Vehicles

(Driver Information)

Name of Driver _____

Ohio Driver's License Number _____

License Plate Number _____

Insurance Carrier _____

If you are transporting a student other than your own child, have the parent fill out the information below.

(Student Information)

I give permission for (Student) _____

to be Transported by (Driver) _____

to (Destination) _____

on (Date) _____

I agree to indemnify and hold harmless the Midview Board of Education and its agents and employees from all liability, claims, demands, damages or cost for or arising out of the requested transportation and agreement that the transporting adult assumes all responsibility for the safety and supervision of the student.

Signature of Parent _____ Date _____

Parent Home Phone Number _____ Date _____

Signature of Driver _____