

PARENT TRANSPORTATION WAIVER

The undersigned driver acknowledges the following:

1. That the driver shall be responsible for the transportation of certain students by a route established by the Principal.
2. That while the driver is transporting the students, he/she shall be responsible for their safety.
3. That the driver understands that his private vehicle is not covered by the fleet insurance of the Board of Education of Fayette County, Kentucky and that should injury be caused during the transportation of the students, the driver's insurance would provide any coverage.
4. That the driver shall report to the Principal any acts of misconduct by the students during transportation in the driver's vehicle, and the Principal shall act accordingly under the policies and procedures of the Fayette County Public Schools.
5. That the driver has no points against his license for traffic offenses, i.e., Driving Under the Influence, Speeding, etc.

Lafayette Choral Department:

Trip to:

Driver Signature

Insurance Company

Date

Received By:

Principal Signature

Date