

Passaic Public Schools
Passaic, New Jersey 07055

Transportation by Private Vehicle
Employee Using Private Vehicle to Transport Pupils

Request for Insurance Certificate

Date of Event: _____

Driver

Name of Employee _____
Home Address _____ Apt. _____
City, State, Zip _____
Cell Phone Number _____
School/Building _____ Grade/Position _____

Driver—Statement of Assurance

I certify that I have not been issued a moving violation summons within the past three (3) years.

Signature of Driver _____

Destination

Name of Destination/Activity _____
Address _____
City, State, Zip _____
Contact Phone _____ E-mail _____
Time of Transportation: Departure _____ Return _____
Student(s) will be transported from _____ Home _____ School _____
Other _____

Purpose of Transportation

Vehicle, Employee

Make _____ Model _____ Year _____
Color _____ License Plate Number _____

Document Provided—Attach Copies to Request Form

_____ Driver's License _____ Insurance Card _____ Vehicle Registration
_____ Driving Itinerary—Google Maps, e.g.
_____ Names of students being transported: _____

Approvals

Signature of Principal _____ Date _____
Signature of Superintendent _____ Date _____

Form must be submitted to the Board Secretary's Office for processing.
Fax: (973) 470-7694