

**DEERFIELD COMMUNITY SCHOOLS
300 SIMONSON BOULEVARD
DEERFIELD, WI 53531**

APPLICATION FORM

FOR: SCHOOL-RELATED MOTOR VEHICLE TRIPS TRANSPORTING STUDENTS

NAME OF AUTOMOTIVE DRIVER	DRIVER'S INSURANCE CARRIER
OWNER OF AUTOMOTIVE VEHICLE	LICENSE # OF VEHICLE BEING USED
DESCRIPTION OF VEHICLE	OWNER INSURANCE CARRIER NAME
# OF PASSENGERS/CAPACITY	# OF PASSENGERS TRANSPORTED

Destination/Purpose of School-Related Trip

Date of Departure	Hour of Departure	Date of Return	Hour
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DEERFIELD COMMUNITY SCHOOLS INSURANCE CARRIER ACTS AS A SECONDARY INSURANCE FOR DRIVERS AUTHORIZED BY THE SCHOOL DISTRICT.

OWNER/DRIVER INSURANCE CARRIER IS THE PRIME INSURANCE CARRIER FOR THIS TRIP/PURPOSE.

Signature of person who will be driving personal vehicle.

Signature School District Administrator Authorizing Trip/Travel Permission

Dated

Dated