EMPLOYEE TRANSPORTATION AGREEMENT
WITH EPPING SCHOOL DISTRICT

School Year _____

School _____ Today's date _____

This form is to be completed for each private vehicle used for the transportation of school sponsored groups. It is valid for the school year in which it is filed.

Vehicle Information

Vehicle Make _____ Year _____

Model _____

Inspection Expiration Date _____ License Tag _____

I, _____, agree to and understand the following conditions in transporting student(s) of the Epping School District.

1. The person providing student transportation services must be an employee of the school district and must be acting within the scope of their duties for the school district. The person providing such services will do so only for school sponsored activities and/or programs.

2. The transportation provider's automobile insurance will be considered primary and the school district's insurance will be considered excess to cover any liability of the school district.

3. Permission has been granted in writing from the student's parent(s) or guardian(s).

4. The person providing student transportation service has supplied a copy of a valid automobile liability insurance policy to the school district for the vehicle being used. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

The School Board requires proof of insurance coverage in force on all private vehicles used for the transportation for all school-sponsored activities. The groups that may be transported include, but are not limited to, students, coaches, sponsors, faculty, and chaperones.

5. The person providing student transportation service has supplied a copy of a valid automobile New Hampshire Drivers License to the school district.

The above mentioned transportation provider shall provide such services for the school district from _____ to _____ to the following
(date) (date)
destination(s):

_____

_____

_____

I certify that the insurance policies, subject to their terms, conditions, and exclusions are at present in force with the company indicated and that the information provided is correct.

_____ _____
Signature of Owner/Insured Date

The information above & supplied to district has been verified

_____ _____
Signature of Principal/Designee Date