



Permission to Transport Students/Clients

Please complete the following information if you are transporting a student/client, for any reason.

Employee Name: _____

Date of Birth: _____

Site: _____

Driver's License #: _____
(Please attach a copy of your Drivers License.)

DL Expiration Date: _____

Auto Insurance Co.: _____

Insurance Renewal Date: _____
(Please attach Proof of Insurance)

_____ I agree to follow the transportation policy as stated in the Kalamazoo RESA Employee Handbook.

As long as I am transporting students/clients, I give permission to have a motor vehicle records check completed periodically.

I realize that transporting a student/client in my vehicle, to and from an activity, is my choice and I will obey all traffic rules and regulations to the best of my ability. I will be reimbursed, if appropriate, by Kalamazoo RESA for approved travel at the current mileage reimbursement rate.

Employee Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

	HR use only	
	Date	Next Check
Proof of Insurance	_____	_____
MVR Check	_____	_____