

MARSHFIELD R-1 SCHOOL DISTRICT
APPLICATION TO TRANSPORT STUDENTS
IN PRIVATE VEHICLES

NAME _____ DATE _____

ADDRESS _____ TELEPHONE _____

SCHOOL YEAR COVERED BY THIS APPLICATION _____

DATE OF INSURANCE EXPIRATION _____

NUMBER OF OPERATIONAL SEAT BELTS IN VEHICLE USED FOR TRANSPORTING
STUDENTS _____

MAXIMUM NUMBER OF PEOPLE ABLE TO BE TRANSPORTED IN THIS VEHICLE,
INCLUDING DRIVER _____

CURRENT VEHICLE LICENSE NUMBER _____

AUTHORIZATION TO COMPLETE BACKGROUND CHECK ON VEHICLE AND DRIVER
LICENSE AND ON DRIVER'S DRIVING RECORD.

I, _____, authorize the Marshfield R-1 School District
Superintendent of Schools to complete a background check on vehicle license, driver license, and
driver's driving record.

(signed)

Subscribed and sworn to before me, a Notary Public in and for Webster County, Missouri,
this _____ day of _____, 20__.

(Notary Public)

My commission expires _____.

PLEASE ATTACH COPIES OF THE FOLLOWING:

- _____ VALID MISSOURI DRIVER'S LICENSE
- _____ CURRENT MISSOURI VEHICLE REGISTRATION
- _____ CURRENT INSURANCE POLICY INDICATING AMOUNTS
OF COVERAGE

**PLEASE RETURN TO SUPERINTENDENT'S OFFICE FOR REVIEW AND
APPROVAL.**

_____ Approved

_____ Date: _____
Director of Transportation