

**SCHOOL**

Dear

**Use of Private Cars for Transporting Pupils**

I am grateful for your offer of assistance with transporting pupils. As I am sure you will appreciate it is important, from the point of safety, the school and yourself, that the position with regard to the use of private vehicles in this context is clear. The following applies:

While pupils are travelling in any private motor vehicle the Council's liability insurance does not apply. Therefore in the event of any claim being made, any claim costs would have to be borne by the insurance covering the vehicle. It is essential, therefore, to check with your vehicle's insurers that your policy is valid for these purposes, which may be construed as a form of business use, as most people only insure their vehicles for 'social, domestic and pleasure use'.

In additions to the above, road tax, MOT certificate and full driving licence must be valid when transporting young people and seat belts must be fitted and worn at all times.

I would be grateful if you would countersign and return this form indicating that you have read and understood what is stated above.

I am sorry to burden you with this administration, but I am sure you will appreciate how important it is. If and when you sign and return the form, I will keep it on file so that we do not have to repeat the exercise on any similar occasion in the future. My thanks for your offer of assistance.

Yours sincerely

Headteacher

**I HAVE READ AND UNDERSTOOD THE INFORMATION AND INSTRUCTIONS CONTAINED IN THE ABOVE, AND HAVE VERIFIED WITH MY INSURERS THAT I AM INSURED TO TRANSPORT PUPILS IN MY VEHICLE.**

**I UNDERTAKE TO INFORM THE SCHOOL OF ANY CHANGE IN THIS CIRCUMSTANCE, WHICH MIGHT PROHIBIT MY TRANSPORTING PUPILS, AND TO CHECK THAT THE VEHICLE IS ROADWORTHY AT THE TIME.**

Signed: ..... Date: .....

Name: (please print) .....

**IMPORTANT**

**ALL staff and volunteers (including parents) who will be driving pupils on school business and activities MUST sign and return this form BEFORE using private cars for this purpose.**

**Please supply the following information:**

**MOT renewal date**  
.....

**Insurance details**  
renewal date  
.....

Insurers  
.....

Policy no.  
.....

**Tax renewal date**  
.....

For Office use only

Checked by:

Name .....

Position .....

Date .....