

# ELBERT COUNTY SCHOOL DISTRICT C-2

525 Comanche Street – P.O. Box 128  
Kiowa, Colorado 80117

Jason Westfall, *Superintendent*  
Amy Smith, *Principal, Pre-K-12*  
Ryan Witzel, *AD.*  
Denise Pearson, *Business Manager*

*Elizabeth Morrone, K-12 Counselor*

Central Office: 303-621-2220  
High School: 303-621-2115  
Middle School: 303-621-2785  
Elementary: 303-621-2042

## AUTHORIZATION TO USE PRIVATELY OWNED AUTOMOBILE DURING THE SCHOOL DAY

### CERTIFICATION:

In accordance with School District policy, I hereby request approval for my student

\_\_\_\_\_ (the Student) to use a privately owned automobile in connection with the following school district sponsored activity: Transportation to and from Student's work-study assignment.

I hereby certify that, whenever the student drives a privately owned vehicle for a school related activity that the following conditions have been met.

1. They are insured in accordance with Colorado Motor Vehicle Law for liability, property damage, combined; Single limit for at least \$100,000/300,000; Uninsured motorist for at least \$100,000 per person, 300,000 per occurrence.
2. The capacity of the vehicle is adequate for the trip to be performed.
3. The vehicle is equipped with seat belts.
4. The vehicle, to the best of my knowledge, is in a safe mechanical condition.
5. The vehicle will only be driven by the authorized driver.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The Student possesses a valid driver's license. DL NO. \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Request Approved: \_\_\_\_\_

Date: \_\_\_\_\_

*The mission of the Kiowa School District is to provide a safe learning environment, to graduate competitive, well-rounded, active citizens, and to empower individual potential through cooperative efforts of school, family and community.*