



FAIRFAX COUNTY
PUBLIC SCHOOLS

Fairfax Academy
3501 Lion Run
Fairfax, VA, 22030

2021-22 ACADEMY TRANSPORTATION AGREEMENT

This form is for Feeder School students only; it does not apply to Fairfax HS students.

PLEASE PRINT:

Student's Full Name _____ ID# _____ Base School: _____

PLEASE CHOOSE EITHER SHUTTLE OR PRIVATE VEHICLE

1. Shuttle Bus Transportation Provided by FCPS

- YES**, my student **will ride a SHUTTLE BUS** between the base school and Fairfax Academy. I have read the transportation information, provided on the Academy website, outlining the provisions for shuttle bus transportation between the base school and the Academy for this school year. I understand these procedures and give permission for my child to use this service.
- NO**, my student will not need a Shuttle Bus, and I will fill out the private vehicle information below.

2. Permission to Drive and/or Ride in a Private Vehicle*

(back side of this form must be completed)

I have received the memo outlining the Fairfax Academy driving and parking policies for the 2021-22 school year. I understand that Fairfax County Public Schools has no liability for students driving or riding in private vehicles to and from class.

- YES**, I, the Parent/Guardian, will be driving my student to/from Fairfax Academy.
- YES**, my student has permission to drive only themselves to/from Fairfax Academy. I will submit the separate parking tag application to the Academy office, and have my student pick up their tag.
- YES**, my student has permission to drive to/from Fairfax Academy and bring the following riders (please list first and last names): _____.
- NO**, my student will not be driving but **YES**, they are allowed to carpool with this Student Driver (please list first and last name): _____.

****ALL DRIVERS must complete the insurance information on the back of this form, submit the Parking Tag Application (with fee), and provide a copy of their Driver's License or Permit. ALL Academy paperwork must be submitted before parking tags will be issued.****

Parent/Guardian Signature: _____ Date: _____

Virginia's legal passenger limits for beginning drivers must be observed. Be aware that under Virginia law, a driver under age 18 can carry only 1 (one) passenger in their car while driving.

Any changes to this agreement must be made in writing by the parent/guardian and/or a new form submitted.



FIELD TRIP DRIVER'S LICENSE AND VEHICLE INSURANCE INFORMATION

(required when transporting students on field trips
in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

FIELD TRIP PLAN (to be completed by the trip organizer)

Specific Trip	Repeated Trip
Date August 24, 2021	Explain Travel throughout the 2021-2022 school year for students at FCPS high schools other than Fairfax HS.
Destination To and From Fairfax HS Academy	
Purpose Private vehicle for transportation to and from Fairfax Adademy classes.	

DRIVER AND INSURANCE INFORMATION

PART I. DRIVER			
Name _____			
<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher or Staff Member (Part II required)	<input type="checkbox"/> Other
Operator License Number _____	State _____	<input type="checkbox"/> Expiration Date _____	
<input type="checkbox"/> I certify that I have a valid driver's license as indicated I certify that the vehicle I will use for this field trip: <ul style="list-style-type: none"> <input type="checkbox"/> is designed and manufactured to transport fewer than ten passengers <input type="checkbox"/> meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured) <input type="checkbox"/> has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified) 			
Driver Signature _____		Date _____	

PART II. FCPS STAFF ONLY	
<input type="checkbox"/> I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources	
<input type="checkbox"/> I have taken the online defensive driving tutorial offered by SafeSchools™ https://fairfax-va.safeschools.com/login	

PART III. INSURANCE	
Owner or Lessee of Insured Vehicle _____	
Insurer _____	
Vehicle Make _____	Model _____
Owner or Lessee Signature _____	
Date _____	

SCHOOL PRINCIPAL APPROVAL -- For Academy Use Only	
Principal Signature _____	
Date _____	