

**Chowchilla High School District  
STUDENT PERMISSION TO DRIVE PERSONAL  
VEHICLE FOR OFF CAMPUS CLASSES**

I, \_\_\_\_\_ will be attending \_\_\_\_\_  
Community College for class(es) pertaining to my studies at \_\_\_\_\_ High  
School.

1. I am a licensed driver in the State of California and my license number is \_\_\_\_\_, the expiration date is \_\_\_\_\_.  
(MM/DD/YY)
2. I drive a \_\_\_\_\_, \_\_\_\_\_.  
(Year) (Make & Model)
3. My vehicle is equipped with seat belts, and I agree to abide by all seat belt laws.
4. There will be no financial charge by me to the school district for the use of this vehicle
5. I agree to the fact that **no one, including other students**, will be transported in this vehicle when I am traveling for these classes.
6. I carry insurance with \_\_\_\_\_ Insurance Company. The effective dates of policy: \_\_\_\_\_, policy number: \_\_\_\_\_. Insurance agent: \_\_\_\_\_ Agent's phone: \_\_\_\_\_. **Also, I understand that my insurance will be the primary coverage when I am involved in travel to and from \_\_\_\_\_ College.**

I, \_\_\_\_\_, as parent of \_\_\_\_\_, have agreed for my child to participate in these classes and have also agreed to allow my child to drive themselves to and from \_\_\_\_\_ College for this purpose.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Parent's Signature)

THE UNDERSIGNED, UNDERSTANDS THE ABOVE DRIVER REQUIREMENTS  
AND AGREES TO COMPLY WITH THESE REQUIREMENTS IN ALL INSTANCES.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Driver's Signature)

(Parents Signature) \_\_\_\_\_