## CHAWANAKEE UNIFIED SCHOOL DISTRICT STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, will be atter	nding	
Comi Scho	ommunity College for class(es) pertaining to my studies	at High	
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	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 <i>no one, including other students,</i> will be transported in this vehicle when I am traveling for these classes.		
6.	I carry insurance with Company. The effective dates of policy: Insurance agent:	, policy number:	
	phone: Also, I understand that my insurance will be the		
	primary coverage when I am involved in travel to and fromCollege.		
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to driv	, as parent of ve agreed for my child to participate in these classes ar drive themselves to and from rpose.		
Date	ate:(Parer	nt's Signature)	
	THE UNDERSIGNED, UNDERSTANDS THE ABOVE DRIVER REQUIREMENTS AND AGREES TO COMPLY WITH THESE REQUIREMENTS IN ALL INSTANCES.		
Date:	te: (Drive	er's Signature)	
	(Parent	t's Signature)	

Release - Student Transportation between classes.doc