

**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)

(Parent's Signature)