Kings Canyon Unified School District STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, will be attending	
Com Scho	nmunity 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 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 veh	icle
5.	I agree to the fact that no one, including other students, will be transported in the vehicle when I am traveling for these classes.	is
6.	I carry insurance with Insurance	
	Company. The effective dates of policy:, policy number:	'o
	Insurance agent: Agent phone: Also, I understand that my insurance will be the	S
	primary coverage when I am involved in travel to and fromCollege.	
I,	, as parent of	,
have to dri	agreed for my child to participate in these classes and have also agreed to allow my ive themselves to and from College for	
purpo	use.	
Date	e:	
	(Parent's Signature)	
	THE UNDERSIGNED, UNDERSTANDS THE ABOVE DRIVER REQUIREMENTS AND AGREES TO COMPLY WITH THESE REQUIREMENTS IN ALL INSTANCES	
Date:	: (Driver's Signature)	
Data	(Parent's Signature)	
	- Student Transportation between classes.doc	