

**MARIPOSA COUNTY UNIFIED 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) _____