## Mariposa County Unified School District STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, will be attending	
Comi 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 num	ıber 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 <b>no one, including other students,</b> will be the vehicle when I am traveling for these classes.	ransported in this
6.	I carry insurance with	Insurance
	Company. The effective dates of policy:, policy	number:
	Insurance agent:	
	phone: Also, I understand that my insurance will be the primary coverage when I am involved in travel to and	
	fromCollege.	
I,	, as parent of	
	e agreed for my child to participate in these classes and have also agreed for my child to participate in these	
purpo		
Date	e: (Parent's Signature)	
	(Falent's Signature)	
	THE UNDERSIGNED, UNDERSTANDS THE ABOVE DRIVER REA AND AGREES TO COMPLY WITH THESE REQUIREMENTS IN AL	

Date: \_\_\_\_\_

(Driver's Signature)

(Parent's Signature)

Release - Student Transportation between classes.doc