Pine Ridge Elementary School District STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, will be attending	
Comn Schoo	I, will be attending High unity 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 vehi	cle
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.	S
6.	I carry insurance with Insurance Company. The effective dates of policy:, policy number: Insurance agent:, policy number: Agent's phone: Also, I understand that my insurance will be the primary coverage when I am involved in travel to and from College.	3
l.	, as parent of	
to driv purpo		child this
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)	