River Islands Academies STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, v	vill be attending	
Comi Scho	I, was munity College for class(es) pertaining to a pol.	my studies at	High
1.	I am a licensed driver in the State of Ca	lifornia and my license numbe	r 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 Company. The effective dates of policy: Insurance ager	, policy nur	nber:
	phone: Also, I understand that my insurance will be the		
	primary coverage when I am involved in travel to and fromCollege.		
I	, as pa		
have	agreed for my child to participate in these ve themselves to and from	classes and have also agreed	to allow my child
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)	
		(Parent's Signature)	

Release - Student Transportation between classes.doc