University High School STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I,	will be attending	
Comi Scho	munity College for class(es) pertair	ning 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.	l 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		
	Agent's Agent: Agent's Agent's phone: Also, I understand that my insurance will be the		
	primary coverage when I am in from		_College.
I,		_, as parent of	
	agreed for my child to participate ir ve themselves to and from ose.		
Data			
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)

(Parent's Signature)

Release - Student Transportation between classes.doc