Yosemite Unified School District STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, will be attending
Comi Scho	nunity 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 vehicle
5.	I agree to the fact that <i>no one, including other students,</i> 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 fromCollege.
ī	, as parent of,
have	agreed for my child to participate in these classes and have also agreed to allow my child e themselves to and from College for this
Date	(Parent's Signature)
	THE UNDERSIGNED, UNDERSTANDS THE ABOVE DRIVER REQUIREMENTS AND AGREES TO COMPLY WITH THESE REQUIREMENTS IN ALL INSTANCES.
Date:	——————————————————————————————————————
	(Parent's Signature)

Release - Student Transportation between classes.doc