

PRIVATE VEHICLE TRANSPORTATION FOR STUDENTS OFF-SITE STUDENT EXPERIENCE

Dear Parent,

The following student off-site study experience is scheduled for our school:

PURPOSE OF TRIP	DESTINATION	
DATE OF TRIP	TIME OF DEPARTURE	TIME OF RETURN

Please fill in, sign, and return the lower portion of this form, indicating your availability to assist in transporting pupils to this educational experience.

STAFF SIGNATURE

REQUIREMENTS AND LIMITATIONS

• **INSURANCE (minimum requirements)**

Public Liability: Bodily Injury100,000/300,000 per accident
 Property Damage50,000 per accident
 Medical Payments5,000 per individual

• **FINANCIAL CHARGE**

No financial charge to the District shall be made for pupil transportation by private vehicle.

• **PASSENGERS (limitations)**

The number of passengers to be transported in any one vehicle **shall not** be more than the legally permissible number for the vehicle and in all cases no more than nine. The number of passengers is limited to the number of seat belts. All passengers under 6 years or 60 pounds must be in a certified car seat (VC27360).

DOCUMENTS NEEDED TO BE ON FILE IN THE SCHOOL OFFICE

1. Copy of current insurance policy showing actual coverage amounts.
 2. Copy of drivers license for all possible drivers.

----- **CUT HERE AND RETURN BOTTOM PORTION TO SCHOOL** -----

1. I have read and understand the above requirements and limitations, I meet the minimum insurance requirements, and I realize that no financial charges shall be made to the District for pupil transportation which I provide.
2. I am aware of the liability immunity provisions of Education Code 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."
3. I recognize that my insurance carrier will have primary liability in case of an accident. The necessary policy information is as follows:

NAME OF INSURANCE CARRIER	POLICY NUMBER	EXPIRATION DATE
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4. Transportation provided by me on the date indicated will accommodate _____ number of passengers. The vehicle will be driven by the following named adult:

NAME OF DRIVER	LICENSE NUMBER	EXPIRATION DATE
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5. I certify that I have a valid, non-restricted California Drivers' license.

Note: This signed statement must be filed with the school's principal **before** the trip.

SIGNATURE	DATE
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Student Name: _____ Grade: _____