

EAST SIDE UNION HIGH SCHOOL DISTRICT

**TRANSPORTATION AUTHORIZATION
(Vehicle driven by self and/or another adult person)**

The undersigned hereby acknowledges and understands that East Side Union High School District is not providing transportation to voluntary school-sponsored activities and that it is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter _____, to provide his/her own transportation in a self-driven vehicle and/or to ride as a passenger in a vehicle driven by another adult.

The undersigned acknowledges and understands the driver is not driving on behalf of, or as an agent of the District. Further, the undersigned understands the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

It is fully understood that the District is in no way responsible, nor does the District assume liability for any injuries or losses resulting from this non-District sponsored transportation. Although the East Side Union High School District may recommend travel time, routes, or assist in coordinating the transportation to or from this event, I fully understand that such recommendations are not mandatory.

I, the undersigned, further understand that under certain circumstances, the District may occasionally provide District sponsored transportation to an event but not necessarily return transportation from the event. Should this transportation be offered, it is strictly voluntary.

| | |
|-----------------------------------|-------|
| _____ | _____ |
| Parent's/Legal Guardian Signature | Date |
| _____ | _____ |
| Parent's/Legal Guardian Signature | Date |

PERSONAL AUTOMOBILE USE

Permission Form

| | |
|---|-----------------------|
| Name _____ | Birth date _____ |
| Driver's License # _____ | |
| Year & Make of Auto _____ | |
| Vehicle License Plate # _____ | |
| Insurance Carrier/Agent _____ | |
| Policy # _____ | Expiration Date _____ |
| Liability Limits _____ | |
| Driving Restrictions _____ | |
| | |
| I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage and agree to advise the district, in writing, of any changes in the above information. | |
| Signature _____ | Date _____ |

Principal's Signature **REQUIRED**

| | |
|-----------------|------------|
| Signature _____ | Date _____ |
|-----------------|------------|

NOTE: *If you drive your personal automobile while on school business and your are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The district does not cover, not is it liable for comprehensive and collision coverage to your vehicle.*

| | |
|--|-------------------------|
| PLEASE COMPLETE THE FOLLOWING INFORMATION | |
| School: _____ | Date of Activity: _____ |
| Activity : _____ | Location: _____ |
| Address: _____ | Telephone #: _____ |