

**CLOVIS UNIFIED
SCHOOL DISTRICT**

BUSINESS AND NONINSTRUCTIONAL OPERATIONS

Student Transportation Management

TRANSPORTATION FOR SCHOOL-RELATED TRIPS/PRIVATE VEHICLES

Exhibit No. 3541.1(3) - Permission for Student to be Transported by Private Vehicle shall be used in accordance with Board Policy and Administrative Regulation No. 3541.1.

Adopted: 03/24/2010

Amended: 07/02/2013, 04/23/2021 (EXH 8302(3) renumbered as EXH 3541.1(3))

Doc# 49791-4 (04/2021, None)



EXHIBIT NO. 3541.1(3)

PERMISSION FOR STUDENT TO BE TRANSPORTED BY PRIVATE VEHICLE

Dear Parent/Guardian:

Your son/daughter is scheduled to participate in an off-campus field trip/activity approved by the Clovis Unified School District (District) and supervised by school personnel. Transportation will be provided by private vehicle to and from this activity. The driver listed below has met the requirements imposed by Board Policy No. 3541.1 – Transportation for School-Related Trips/Private Vehicle.

NOTE: In cases where more than one driver has been authorized to transport students involved in activities/programs throughout the school year (i.e., ROP, CART, Leadership, etc.), a list of the approved drivers has been attached.

In the event of an accident, the insurance coverage on the vehicle owned by the adult driver shall bear primary responsibility for any loss or claims for damages.

Approved driver name: _____ Telephone No: _____

Day/Date/Year: _____ Departure Time: _____ Return Time: _____

Specific location of trip/activity: _____

Description of trip/activity: _____

School conducting trip/activity: _____

School person in charge: _____ Position: _____

PARENT/GUARDIAN AUTHORIZATION:

I give my permission for (student name) _____ to be transported by private vehicle to the field trip/activity outlined above. I understand that the student named above is to accept all rules and requirements governing conduct during this field trip/activity.

_____	_____	_____
Print Name of Parent/Guardian	Signature	Date
_____	_____	_____
Address	City	Zip
_____	_____	_____
Date	Home Telephone Number	Other Telephone Number

Alternate emergency contact person: _____
Printed Name

_____ Home Telephone Number Other Telephone Number

Student signature acknowledges understanding of rules and requirements governing conduct during activity:

_____	_____	_____
Print Name of Student	Signature	Date

**THIS FORM REMAINS ON FILE AT SCHOOL SITE FOR 2 YEARS
DO NOT SEND TO TRANSPORTATION**