

SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN PERMISSION FOR TRANSPORTING STUDENT IN PRIVATE VEHICLE

Date: _____

Name of School: _____

Name of Student: _____

Dear Parent/Guardian:

Your son/daughter is scheduled to participate in a special off-campus activity, approved by the School District and supervised by school personnel.

DATE(S) OF TRIP DESTINATION: _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

METHOD OF TRANSPORTATION – PRIVATE VEHICLE BY DISTRICT APPROVED DRIVER.

TYPE OF ACTIVITY: _____

NAME OF SCHOOL SUPERVISOR: _____

Please sign and return the tear off slip below to _____, authorizing your
(Name of District Personnel)

son/daughter to participate in this activity.
BP 3541.3 (f)

Name of Student: _____

A school district approved field trip/school activity is scheduled as indicated. A private vehicle will be used to transport your son/daughter to and from this activity. The adult driver has met the requirements imposed by the Board of Education Policy 3541. In the event of an accident, the owner's insurance coverage shall bear primary responsibility for any loss or claims for damages.

I understand that my son/daughter is to accept all rules and requirements governing conduct during the activity.

I give my permission for my son/daughter to participate in the field trip/school-related activity on _____,
(Date)

to visit _____.
(Destination)

Parent/Guardian Signature

Date

Address: _____
Street Address City State Zip Telephone No.

Student Signature: _____
Denotes Understanding Of Conduct Statement Date

If I cannot be reached in case of emergency, please contact: _____
Name (print)

Address: _____
Street Address City State Zip Telephone No.

BP 3541.3 (g)