SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT* SIERRA COUNTY OFFICE OF EDUCATION

P O BOX 157*305 S. LINCOLN STREET, SIERRAVILLE, CA 96126 *530 994-1044 *FAX 994-1045

PARENTAL APPROVAL OF OTHER THAN DISTRICT TRANSPORTATION

This permission and release of liability form is for the purpose of notification and release of liability for the Sierra County Office of Education (SCOE) and Sierra-Plumas Joint Unified School District (S-PJUSD) by the legal guardian/parents and students of the SCOE/S-PJUSD on ALL REQUESTS FOR ALTERNATIVE TRANSPORTATION.

I understand that the names and signatures here indicate a REQUEST FOR ALTERNATIVE TRANSPORTATION for the parties listed below. The SCOE/S-PJUSD personnel in charge of the

	y must approve this request. I understand that my who is transporting the student are in force during	•	
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++++-	PLEASE PRINT AND SUBMIT THE F TEACHER/PRINCIPAL/COACH/O		
1.	NAME OF STUDENT		
2.	NAME OF THE EVENT		
	TRANSPORTING STUDENT(S) TO CITYSTATE		
5. —	REASON FOR THIS EXCEPTION TO SCOE/S-PJ	USD TRANSPORTATION	
6.	DRIVER'S NAME #	TELEPHONE #	CELL
7.	DRIVER'S NAME AS IT APPEARS ON DRIVER'S LICENSEST		
	(Attach copy of Driver's License)		
8.	DRIVER'S INSURANCE COMPANY AND POLICY	NUMBER	

(Attach copy of Insurance Declaration Page verifying policy limits of liability and policy

effective date)

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SIGNATURE OF PARENT/GUARDIAN AUTHORIZING ALTERNATIVE TRANSPORTATIO	N DATE
	DATE
SIGNATURE OF ADULT PROVIDING TRANSPORTATION (DRIVER)	 DATE
SIGNATURE OF TEACHER OR PRINCIPAL OR COACH OR ATHELETIC DIRECTOR	DATE
[] APPROVED BY TEACHER IN CHARGE OF EVENT/PRINCIPAL/COACH/ OR ATHLET	IC DIRECTOR
 IN	ITIALS

X:psl/volunteer/parent permission alternative driver