

Student Driver Permission Form

Permission for		to drive	to drive			
	driver nam		passenger name			
	Completed Form with all signatures					
	Copy of Student Driver License Attached					
	Copy of Student Driver's Proof of Insurance Attached					
	Administrator's Approval Signature					
	dent may drive another stude		nsored field trip if all o	f the following are true:		
2	All other transportation opt The student driver is at least	ions have been exhausted. st 17 years old and has had	a valid driver's liegas	o for more than 10 month		
3.		student driver's parent/guar				
3.	their insurance.	student drivers parentigual	cian accept primary ii	ability for any claims inrot		
0.0		arent/guardian waives all cl	ing as asled below			

- 5. This form is completed and returned to the Site Manager with all appropriate signatures and attached copies of the student driver's license and proof of insurance document.
- 6. The student driver has permission from their teacher or other school official to drive for the activity.
- 7. The student driver has no restrictions on their license that would preclude transporting a minor.
- 8. The one-way driving distance does not exceed one hour.

DRIVER INFORMATION (copy of driver's license must be attached)

Name			
Date of Birth			
Driver's License	Number		
Expiration Date			
VEHICLE INFOR	RMATION		
Name of Owner			
Address of Owne	er		
Year	Make	Model	
License Plate Number		Registration Exp	res
Seating Capacity	with Seatbelts _		

Rev. 8/17/15

INSURANCE INFORMA	TION (proof of insurance must t	be attached)
Insurance Company		
Policy Number	Telephone N	Number
Expiration Date	Liability Limits of Policy	
DRIVER STATEMENT		
I certify that I have not be years and have never be information given above	een convicted of or have charges peen convicted of drunk driving, reck	ns upon transporting other persons, including minors. pending for any motor vehicle infractions in the past 3 kless driving, or other serious traffic infraction. The that my insurance coverage shall bear the .
Driver Name Printed		
Driver Signature		Date
PARENT OF DRIVER S	TATEMENT	
minors. I certify that my in the past 3 years and h infraction. The information	child has not been convicted of or has never been convicted of drunk	strictions upon transporting other persons, including has charges pending for any motor vehicle infractions driving, reckless driving, or other serious traffic. I understand that my insurance coverage shall bear jury.
my child/ward participation. High Tech High (the "Schithe respective officers, a and all actions, claims, dinjury, accident, illness, control of the control	on in the above-described activity, hool"), the School's affiliate organiz gents, employees and contractors lemands, liabilities or expenses that death, and/or any loss or damage to cipation in the above-described act	Education Code Section 35330 and as a condition of I/we hereby hold harmless, and waive the release, zations and corporations, the State of California, and of each of the ("Releasees"), from and against any at I/we now have or may hereafter have relating to any to personal property occurring during, or resulting from tivity, including, but not limited to claims arising out of
Parent of Driver Name P	rinted	/
Parent of Driver Signatur	re	Date