

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

Date: _____

Name of School: SANTA MONICA HIGH 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
(Name of District Personnel)
your 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

Street Address

City

State

Zip Code

() _____ () _____ () _____

Home Phone

Work Phone

Cell/Page Phone

Student Signature: _____

Denotes Understanding of Conduct Statement

Date

If I cannot be reached in the event of an emergency, please contact:

Name

Relationship

() _____
Home Phone

Street Address

City

State

Zip

() _____
Work Phone

BP 3541.3 (g)