Poway Unified School District – 15250 Avenue of Science – San Diego – California 92128

PRIVATE VEHICLE TRANSPORTATION FOR STUDENTS
OFF-SITE STUDY EXPERIENCE

Dear Parent,

The following student off-site study experience is scheduled for our school:

PURPOSE OF TRIP		DESTINATION
DATE OF TRIP	TIME OF DEPARTURE	TIME OF RETURN

Please fill in, sign, and return the lower portion of this form, including your availability to assist in transporting pupils to this educational experience.

_____
Staff Signature

REQUIREMENTS AND LIMITATIONS

- INSURANCE (minimum requirements)
  Public Liability
  Bodily Injury..... 100,000/300,000 per accident
  Property Damage.....50,000 per accident
  Medical Payments .....5,000 per individual

- FINANCIAL CHARGE
  No financial charge to the District shall be made for pupil transportation by private vehicle.

- PASSENGERS (limitations)
  The number of passengers to be transported in any one vehicle shall not be more than the legally permissible number for the vehicle and in all cases no more than nine. The number of passengers is limited by the number of seat belts. All passengers must be secured in an appropriate child restraint (safety seat or booster seat) in the back seat of a vehicle until they are at least 8 years old or 4'9" in height (VC 27360).

1. I have read and understand the above requirements and limitations. I meet the minimum insurance requirements, and I realize that no financial charges shall be made to the District for pupil transportation which I provide.
2. I am aware of the liability immunity provisions of Education Code 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."
3. I recognize that my insurance carrier will have primary liability in case of an accident. The necessary policy information is as follows:

NAME OF INSURANCE CARRIER	POLICY NUMBER	EXPIRATION DATE

4. Transportation provided by the date indicated will accommodate _____ number of passengers. The vehicle will be driven by the following named adult:

NAME OF DRIVER	LICENSE NUMBER	EXPIRATION DATE

5. I certify that I have a valid, non-restricted California Drivers' license.

SIGNATURE	DATE

NOTE: This signed statement must be filed with the school's principal before the trip and kept for at least one year following the conclusion of the trip.