

GROSSMONT UNION HIGH SCHOOL DISTRICT

P.O. Box 1043, La Mesa, CA 91944-1043 (619) 465-3131

FIELD TRIP BY PRIVATE VEHICLE

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, indicating your availability to assist in transporting pupils to this educational experience.

Signature

REQUIREMENTS AND LIMITATIONS

INSURANCE (MINIMUM REQUIREMENTS)

Public Liability: Bodily Injury
Property Damage
Medical Payments

\$100,000, \$300,000 per accident
\$50,000 per accident
\$5,000 per individual

FINANCE 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. (VC 27360) Students shall not be transported in the back of a pickup truck or motor vehicle not designed for passenger seating.

----- TEAR OFF AND RETURN TO SCHOOL -----

1. I have read and understand the above requirements and limitation. 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 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
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3. Transportation provided by me on 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
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NOTE: THIS SIGNED STATEMENT MUST BE FILED WITH THE SCHOOL'S PRINCIPAL BEFORE THE TRIP.

Parent's Signature	Date
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