

ABC Unified School District

Purchasing, Warehouse and Risk Management Department 16700 Norwalk Boulevard, Cerritos, CA 90703 (562) 926-5566 ext. 21212

NON-DISTRICT TRANSPORTATION NOTICE

| The undersigned hereby understands that the Distric non school-sponsored activities and that it is the arrange for transportation. | |
|--|---|
| As parent/legal guardian, I hereby authorize an, to ride as a pass | nd give permission for my child, senger in other transportation. |
| Section 11580.9 of the California Insurance Code substitute is responsible for primary coverage and primary coverage for a vehicle owned by another independent of the control of the California Insurance Code substitute in the control of the California Insurance Code substitute in the california Insurance Code substitute in the california Insurance Code substitute in the california Insurance Code substitute is responsible for primary coverage and primary coverage for a vehicle owned by another independent in the california Insurance Code substitute is responsible for primary coverage and primary coverage for a vehicle owned by another independent in the california Insurance Code substitute is responsible for primary coverage and primary coverage for a vehicle owned by another independent in the california Insurance Code substitute in the california Insurance Code substitute is responsible for primary coverage and primary coverage for a vehicle owned by another independent in the california Insurance Code substitute Insu | that another party, cannot provide |
| The undersigned acknowledges and understands that or as an agent of the District. Further, the undersign not verified the driving record of the driver or the me | ned understands that the District has |
| SPONSORED TRANSPORTATION. ALTHO | ASSUME LIABILITY, FOR ANY ROM THIS NON-DISTRICT OUGH THE DISTRICT MAY TRANSPORTATION AND/OR CARAVANING TO OR FROM |
| I ALSO UNDERSTAND THAT THE DRIVER IS OF OR ON BEHALF OF THE DISTRICT. | S NOT DRIVING AS AN AGENT |
| Parent/Guardian's Signature | Date |
| Student's Name | Date |



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CONSENT TO PARTICIPATE IN NON-DISTRICT SPONSORED ACTIVITY VOLUNTARY PARTICIPATION & ASSUMPTION OF RISK

| Name of Sponsoring Organization: | | |
|--|--|---|
| Contact Person: | | |
| Type of Activity: | | |
| Location: | | |
| Activity will be held on: | From: | To: |
| Participation in the above activity is volunta program and is not a part of District curricu employees will be participating in their Transportation will be provided. No District in connection with this activity. | ilum. No supervisi capacity as Scho | ion is provided by the District and no ol-District employees. No District |
| I hereby give my permission for To participate in the above-described ac A DISTRICT-SPONSORED ACTIV Unified School District from all liability described activity. | ITY. I hereby y arising out of | release and discharge the ABC or in connection with the above- |
| In the event of an accident or sudden is whatever emergency medical treatment student, and I realize that it is my emergency treatment information to the | may be deemed responsibility a | I necessary for the above-named as a parent/guardian to furnish |
| Parent/Guardian's Signature | Date | ; |
| Student's Signature | Date | : |
| It is recommended that the name of your identification number be provided as this accident. | | |
| Medical Insurance Company | Polic | cy Identification Number |

Whitney High School Field Trip Request

| Do you want the of | fice to a | rrange | transportation | for you? | | Yes | No | |
|---|-----------------------|--------|-------------------|--------------|---------------|--|------------|-------------|
| Transportation: | Private | : Car_ | District: | Bus | or Van | | | |
| Staff member reques | | | | | | | | |
| Department/Organiza | ation | | | | | | | |
| Date leaving WHS _ | Date returning to WHS | | | | | | | |
| Departure time | an | n/pm | Estimated | l Return Tim | ıe | an | ı/pm | |
| If using district trans | portation, | time y | ou wish to be pic | ked up from | destination | | | am/pm |
| Destination | | | | Estimate | d one-way n | nileage _ | | |
| Destination address _ | | | | | | | | |
| Destination phone nu | mber | | | Add | itional stops | | | |
| Name of event or pro | | | | | | | | |
| Total students attended | ing | G | rade level | To | tal adult cha | perones | one per 2 | S students) |
| Purpose of trip | | | | | | | One per 2. | |
| Cost of trip | - | Fu | nding resources | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | | | | |
| | | | Office use | e only | | | | |
| Bus booked | Yes | No | ABC | - | Ag | gent | | |
| Cafeteria Notified | Yes | No | Calendar Cleara | ance | 1 | Date | 1 | |
| Department Chair Ap | proval | | | | | Date | | |
| Assistant Principal A | pproval _ | | | | | Date | | |
| Assistant Principal Name Reason for non-apple | on- Appro | oval | | | | Date | | |



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USE OF PERSONAL VEHICLE

Driver is 21 years or older

| Name of Driver | Driver's License Number | | | |
|---|--|---|--|--|
| Address | Telephone Number | | | |
| Name of Insurance Carrier | Policy Number | | | |
| Vehicle Make Model (e.g | g. van, sedan) | Year | | |
| Purpose for requesting use of personal vehicle: General use during period from | | | | |
| Destination: | | | | |
| Date of Trip: | | | | |
| No. of students to be transported: | No. of Seat Belts: | | | |
| Per Section 545 of the Vehicle Code, no private or renter more than 9 passengers. I certify that the described at related devices on the vehicle such as brakes, tires, wis speedometer are in working condition. If I am driving i Trip Permission Forms from all involved students and ar read and complied with all relevant provisions in Board Field Trips, and I have reviewed the Guidelines for Use of I further understand that while transporting students to automobile liability insurance is primary coverage. I covered by the ABC Unified School District. Therefor harmless the District, its officers, agents and employed liability, loss, damage, or expense of any nature what transportation of myself and/or students to and from so vehicle which I will be driving is covered by no less than injury insurance specified by California State Law, and I of a valid driver's license to this form. | pove vehicle is mechanically safe an adshield wipers, steering equipment in connection with a field trip, I have mearrying same in the vehicle on the Policy Administrative Regulation 61 fersonal Vehicle on the back of this and from a school-authorized activities acknowledge that I am not a 'spie, I agree to and do hereby indees from every claim or demand method to the properties of the minimum statutory liability, productions of the properties of the minimum statutory liability, productions of the properties of the minimum statutory liability, productions of the properties of the minimum statutory liability, productions of the properties of the propert | d that all safety c, lights and the e received Field his trip. I have 53 pertaining to s form. ty, my personal ecified Insured" mnify and hold hade and every reason of the certify that the operty and body | | |
| Driver of Vehicle | Date | | | |
| ☐ Photocopy of Driver's License attached ☐ Photocopy of Insurance attached | ☐ DMV Report attach | ed | | |
| Supervisor's Approval | School/Principal/Manager | | | |