BERKELEY UNIFIED SCHOOL DISTRICT

NOTIFICATION TO PARENT OR GUARDIAN OF STUDENTS RIDING IN PRIVATE VEHICLES WHILE PARTICIPATING IN A SCHOOL SPONSORED TRIP OR ACTIVITY

Dear Parent:

Exceptional circumstances merit the use of private vehicles rather than District vehicles for the following special trip:

Date: _____Time: Departure _____ Return _____

Destination: _____

Purpose: _____

Driver: Teacher _____ Parent _____ Other _____

Our District's policy requires that the trip must be optional and students cannot attend without the consent of the parent. Your student will not be covered by the District's automobile liability insurance policy. The District requires, however, that each driver carry insurance of at least $300,000 per accident. You may also wish to review whether your own family health and accident insurance coverage is adequate for this trip.

Please sign below indicating that you consent to have your student participate in this trip or activity under the conditions described and that you waive all claims against the Berkeley Unified School District for any injury, accident, illness or death occurring to your son/daughter named below during or by reason of the trip described above.

Principal: _____ School:_____ Date:_____

Student's Name: _____

Parent's Signature: _____