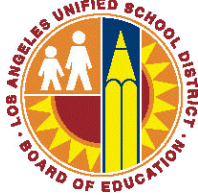


LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

ATTACHMENT B

TRANSPORTATION WAIVER FORM

Permission is granted for _____
(Name of student)
as a part of his/her class work in _____
(Course name)
or other student activity _____
(Type of activity)
at _____ School to participate in the following school-
sponsored field trip or excursion to: _____ on
the date of _____.

Since no school district transportation is available for this trip/excursion, I further authorize my child to use the following mode(s) of transportation to participate in the above event:

(Please initial on appropriate line(s) below and then sign at the bottom of page)

Ride in a private vehicle **driven by a District employee:**

Age of authorized driver: ____ (18-25) ____ (Over 25)

Ride in private **vehicle driven by a parent/volunteer:**

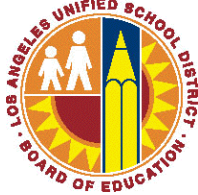
Age of authorized driver: ____ (18-25) ____ (Over 25)

In so doing, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against the Los Angeles Unified School District, the Board of Education of Los Angeles Unified School District, and its members, agents and employees, arising out of, in connection with, or resulting from the above school activity.

Signature of Parent/Guardian _____
Date _____

Name of Parent/Guardian _____
(If signed by Guardian please state nature of custodial relationship.)

LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

ATTACHMENT C

PRIVATE AUTOMOBILE DRIVER CERTIFICATION OF LIABILITY INSURANCE

I hereby certify that I have automobile liability insurance which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the transport of students, other employees or tangible goods for the following LAUSD authorized employment duties or school activity:

Covered Auto _____

Make: _____

Model: _____

My insurance company is: _____

(Policy#) _____

My insurance agent/broker is: _____

(Telephone) _____

My driver's license number is: _____ Issue State: _____

Exp. Date: _____ Age: ____ (18-25) ____ over 25

Signature: _____

Printed Name: _____

Work Site Address: _____

Home Address: _____

Reviewed By: _____ Title: _____

(Site Administrator/Supervisor)

Date: _____