

# OROVILLE UNION HIGH SCHOOL DISTRICT

## Student Permission to Drive

Dear Parent or Guardian,

Your student is enrolled in a Career and Technical Education or Workplace Learning class and will need to travel to an off-campus classroom and/or internship site. Please complete the information below and have your student return the form to his/her teacher. If you have any questions, please contact your student's teacher.

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Please check all that apply:

- I or another family member will be driving my student.
- My student will be walking, riding a bike or taking public transportation. I understand this may not be adequate for some classes.
- My student has permission to drive to an off campus classroom and/or for the purpose of an internship placement. I certify that the information below is correct and that the insurance coverage is in force.

### Please Print

Class:	
Student Name:	
Driver's License No:	Expiration:
Year and Make of Auto:	Vehicle License No:
Your Insurance Carrier/Agent:	Telephone No:
Policy No:	Expiration Date:

### Student Transportation Policy

Students are **not** permitted to transport other students under any circumstance. It is understood that automatic revocation of this permission will result if the student is found in violation.

I have read, understand and will abide by the provisions in the Student Transportation Policy.

\_\_\_\_\_  
Parent/Guardian Signature    Date

\_\_\_\_\_  
Student Signature                      Date