Book



District Regulations/Exhibits - Jefferson County School District R-1

Section	J: Students
Title	Parent/Guardian Transportation Authorization Form
Code	JJH-E3
Status	Active
Adopted	April 1, 2003
Last Revised	January 29, 2007
Last Reviewed	April 29, 2013
	PARENT/GUARDIAN TRANSPORTATION AUTHORIZATION FORM
	International/Domestic Overnight Student Travel or Day Trip These Forms Are Also Used For Student Activities
	m is to give authorization to and provide vehicle information for transporting students by private vehicle during tic overnight travel or a day trip on the dates listed below.
Students may be appro	oved to transport other students on domestic overnight travel and day trips only.
The district does not in	sure privately owned vehicles.
Student	Travel/Transportation Authorization To be completed by Parent/Guardian and Principal
I am aware that my ch	ild, will be transported by private vehicle during an approved trip to: during the following date(s):
The driver(s) meets th	e specifications listed below and have been approved by the principal to have a valid driver's license. Driver's

In consideration of my child's voluntary participation in the activity listed above, I hereby release and discharge the Jefferson County School District No. R-1 and its directors, employees, representatives, and Board of Education for any claim or cause of action, rights, damages and demands of any kind or nature, known or unknown, including claims for attorney's fees and costs arising out of the aforementioned activity in which I and my child have elected to voluntarily participate.

Signature of Parent/Guardian	Date	
Principal's Signature	Date	

## Driver Specifications for Parents/Staff/ Student Driver(s)

1. The vehicle being driven will be in good operating condition.

license and insurance information is confidential and will be kept on file with the principal.

- 2. All students must wear seat belts.
- 3. The vehicle has liability insurance that meets the minimum standards of the Colorado Financial Responsibility Law.
- 4. The driver is at least 17 years of age or older.
- 5. The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.
- 6. Under 18 years of age and driving less than 6 months there will be no one under the age of 21 as a passenger.
- Under 18 years of age and driving less than one year and more than 6 months, there will be only one passenger under the age of 21 (Does not apply to driver's immediate family).
- 8. You can not drive a vehicle carrying more than one passenger under 21 unless you have held your drivers license for at least one year.

The following driver(s) have been authorized	I to transport students by private vehicle on the date(s) I	isted above:
Sponsor's Signature	Date	

1 of 2

Principal's Signature	Date
The following information is confidential a Travel Packet.	and is to be kept by the principal and is not for distribution in the Student
To Be Completed By Parent/St	taff Driver(s) International or Domestic Overnight Travel or Day Trip
The insurance company providing coverage for Insurance Company Name Policy #	r my vehicle is:
	be complied with on this student travel experience.
Driver's License Number	Name of Driver (please print)
Signature of Driver	Name of Driver (please print)
Signature of Driver  To Be Completed By Student Driver and  The insurance company providing coverage for Insurance Company Name Policy #	
Signature of Driver  To Be Completed By Student Driver and  The insurance company providing coverage for Insurance Company Name Policy #	# Parent/Guardian of Student Driver(s) Domestic Overnight Travel or Day Trip  r my vehicle is:
Signature of Driver  To Be Completed By Student Driver and The insurance company providing coverage for Insurance Company Name Policy # I verify that the conditions outlined above will	# Parent/Guardian of Student Driver(s) Domestic Overnight Travel or Day Trip  r my vehicle is:  be complied with on this student travel experience.
Signature of Driver  To Be Completed By Student Driver and The insurance company providing coverage for Insurance Company Name Policy # I verify that the conditions outlined above will Driver's License Number	# Parent/Guardian of Student Driver(s) Domestic Overnight Travel or Day Trip  r my vehicle is:  be complied with on this student travel experience.
Signature of Driver  To Be Completed By Student Driver and The insurance company providing coverage for Insurance Company Name Policy # I verify that the conditions outlined above will Driver's License Number Signature of Student Driver	# Parent/Guardian of Student Driver(s) Domestic Overnight Travel or Day Trip  r my vehicle is:  be complied with on this student travel experience.

2 of 2