

# Ceres Unified School District \_\_\_\_\_

**ADMINISTRATION**  
WALT L. HANLINE, Ed.D.  
Superintendent

**BUSINESS SERVICES DIVISION**  
SCOTT SIEGEL, Assistant Superintendent

## **NON-DISTRICT PROVIDED TRANSPORTATION FOR ATTENDANCE AT AN OFF CAMPUS CLASS**

Parent/Guardian:

The purpose of this form is to ensure that you as a parent/guardian, understands and acknowledges that the Ceres Unified School District will not provide transportation for the activity in which your student will be participating in as listed below.

### ACKNOWLEDGEMENT:

The undersigned hereby acknowledges and understands that the Ceres Unified School District is NOT providing transportation to or from his/her student's participation in the following course/s offered by the District and that it is the responsibility of the undersigned to arrange for transportation:

Course: _____	Course: _____
Location: _____	Location: _____
Dates: _____	Dates: _____
Times: _____	Times: _____

### AUTHORIZATION:

As parent/legal guardian, I hereby authorize and give permission for my child \_\_\_\_\_, to drive himself/herself or to ride as a passenger in a vehicle driven by another student or parent.

The undersigned acknowledges and understands that any driver transporting his/her student is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

**IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

(NonDistTransportForm)

*"Committed to Excellence, Responsive to Every Student"*

P.O. Box 307 • Ceres, CA 95307 • Phone: (209) 556-1560 • Fax: (209) 537-7301

