## Parent/Guardian Elective Course, Program or Activity Student Transportation Agreement



Name of Student (Please Print)	Name of Parent/Guardian (Please	Print)
Name of elective course, program or activity (e.g., name of CTE course, ASB, etc.)	Indicate semester or quarter	School year
I am the parent or guardian of the student identified above. I program or activity identified above.	wish for my student to participat	te in the elective course,
I understand that the curriculum or programmatic requirements to attend activities away from his or her school campus, as follows:	1 0	may require my student
Off-campus location:		
Schedule for off-campus program:		
I understand that the District will not provide transportation for this elective course, program or activity. I understand that transportation to and from the off-campus activities.		•
I affirm that any decision I make to allow my student to ride other than me (including one driven by my student himself or he discretion as a parent or guardian and my own assessment of the	erself) is a decision to be made solel	ly by me, based upon my
In requesting that my student be allowed to participate in this shall be considered an agent or servant of the District, in any student to or from this elective course or program. Should an conduct of any person transporting my student to or from program or activity, I hereby agree to defend, indemnify, and ho	respect or for any purpose, whats y claim be made against the Distr the off-campus activities involved	soever, while driving my ict based on the driving in this elective course,
XParent/Guardian Signature	Date	Signed
1 archity Quardian Signature	Date	orgined

Signed Original:

To be filed with principal/designee prior to any off-campus travel

Copy: Teacher