



Servite High School

Student Transportation Permission Slip and Indemnification Form

To the Principal of Servite High School:

I, the undersigned parent/legal guardian of _____, a student at Servite High School, hereby give permission for my child to either drive a personal automobile or be driven off campus for a school sponsored event by Servite Robotics.

Please check all acceptable methods of transportation for your son:

- ☐ My son has permission to ride in a school or commercial bus/car.
- ☐ My son has permission to walk to the activity site.
- ☐ My son has permission to ride with a school staff member or volunteer. *
- ☐ My son has permission to drive. *
- ☐ My son has permission to drive other students. *
- ☐ My son has permission to ride with a student driver. *
- ☐ My son has permission to only ride with these specific student drivers.
 - 1. _____ 2. _____
 - 3. _____ 4. _____
- ☐ My son does **NOT** have permission to ride with a student driver.
- ☐ My son does **NOT** have permission to drive other students.

To be completed if student will be driving a personal automobile:

- I hereby acknowledge that I believe my child, _____, to be a safe driver.
- The vehicle he will drive is, to the best of my knowledge, in safe operating condition.
- My child is presently covered by a no-fault car insurance policy, as required by California law, and I understand that such insurance will have primary coverage responsibility.

Name: _____ Address: _____
Driver's License Number: _____ Expiration date: _____
Phone Number: _____ Cell Phone Number: _____

INSURANCE INFORMATION:

Insurance Company: _____ Policy Number: _____
Expiration Date: _____ Liability Limits of Policy: _____
Name of Agent: _____ Business Number: _____

Waiver of liability to be signed by student, if 18 years of age or older:

I, the undersigned parent / or legal guardian & student, hereby release Servite High School and members thereof, its officers, employees and agents as well as driver of vehicle whether agent of Servite or student driver, from any and all claims I might have against them arising from or related to any automobile-related accident or injury to me that may occur while I am driving a personal automobile or being driven by a fellow student, school staff member or volunteer in the circumstances described above. I understand that if an accident occurs (Private vehicle), my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Student's Signature

Date

Parent or Legal Guardian Signature

Date