

SCHOOL-RELATED TRIPS

FIELD TRIP/EXCURSION  
PARENT ACKNOWLEDGEMENT OF THE USE OF PRIVATE  
TRANSPORTATION

Field Trip/Excursion Destination: \_\_\_\_\_

Teacher in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

District Transportation is not being provided for the above field trip/excursion. Therefore, private transportation will be provided by parents or volunteers. The following information is provided to you and your permission to transport your child by this means is requested.

Name of Driver: \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_

I understand that private transportation will be provided for the above field trip/excursion and authorize the use of the private vehicle and driver shown above. I understand and acknowledge that the vehicle owner's insurance shall bear primary responsibility for any losses or claims for damages.

Name of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

## Supervision

Students on school-sponsored trips are under the jurisdiction of the district and shall be subject to district and school rules and regulations.

(cf. 5131 - Conduct)

(cf. 5131.1 - Bus Conduct)

(cf. 5144 - Discipline)

(cf. 5144.1 - Suspension and Expulsion/Due Process)

The Superintendent or designee shall ensure that adequate supervision is provided on all school-sponsored trips and that there is an appropriate ratio of adults to students present on the trip. If the trip involves water activities, this ratio shall be revised as necessary.

1. Students on approved trips are under the jurisdiction of the Governing Board and subject to school rules and regulations.
2. Teachers or other certificated personnel shall accompany students on all trips and shall assume responsibility for their proper conduct.
3. Before the trip, teachers shall provide any adult chaperones who may accompany the students with clear information regarding their responsibilities.
4. Chaperones shall be 21 years of age or older.
5. Chaperones shall be assigned a prescribed group of students (not to exceed 10 students) and shall be responsible for the continuous monitoring of these students' activities.
6. Teachers and chaperones shall not consume alcoholic beverages, use tobacco, or use controlled substances while accompanying and supervising students on a trip.
7. When a trip is made to a place of business or industry, the teacher shall arrange for an employee of the host company to serve as conductor.
8. Temporary, non-Certificated Athletic Coaches may supervise teams on day trips. If the athletic trip requires an overnight stay, the Principal will ensure that a Certificated staff member is present for student supervision.

*Driver Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

## SCHOOL-RELATED TRIPS

### PERSONAL VEHICLE USE INSTRUCTIONS

Private vehicles being operated for District purposes and the drivers of these vehicles must meet or exceed the following guidelines:

1. All drivers must be approved by the School or Site Administrator.
2. Each driver must:
  - a. Possess a valid driver license.
  - b. Be at least 21 years of age
3. The driver must own the vehicle in use, unless the vehicle is rented.
4. Obey all traffic laws and regulations. All drivers will enforce reasonable travel speed in accordance with federal, state, and local laws in all motor vehicles.
5. The vehicle must not be designed, used, or maintained to carry more than 10 passengers including the driver. Otherwise, a commercial driver license is required, and the vehicle must be a school bus or student pupil activity bus as defined in the Vehicle Code.
  - a. In no case shall the number of passengers, including driver, exceed the number of available seat belts.
  - b. Drivers must ensure that required seat belts and/or child passenger restraint systems are properly used. Child passenger restraint systems are required for children under six (6) years of age or under 60 pounds.
  - c. All passengers must wear his/her own seat belt. Seat belts are not to be shared.
  - d. Passengers will only ride in the cab if trucks are used.
6. The School Driver Certification form and Parent Acknowledgement of the Use of Private Transportation form (if applicable) must be completed and on file before each trip is taken.
  - a. District employees must complete a new form for each trip.
  - b. Proof of insurance, current vehicle registration, and a copy of a valid driver's license must be attached to this form.
7. All vehicles must be covered by liability insurance. Minimum liability insurance coverage limits are:  
  
Each Person: \$100,000    Each Accident: \$300,000
8. Use of personal vehicles where hazardous road conditions exist is prohibited. This includes hazardous conditions declared by California Highway Patrol, or other City, County, State, or Federal agencies authorized to monitor road conditions.
9. Prior to departure, the driver shall be instructed as follows:
  - a. Inspect the vehicle for safety: tires, brakes, lights, horn, etc.
  - b. Follow and enforce all safety recommendations of the vehicle manufacturer.
  - c. Follow the most direct route, and avoid hazardous areas.

## SCHOOL-RELATED TRIPS

## PERSONAL VEHICLE USE FORM

VEHICLE USE: \_\_\_\_\_

Destination: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

DRIVER (circle one):    Employee    Parent/Guardian    Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: (    ) \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Driving Restrictions: \_\_\_\_\_

## VEHICLE INFORMATION

Name of Owner: \_\_\_\_\_ Year: \_\_\_\_\_  
Address: \_\_\_\_\_ Make: \_\_\_\_\_  
License Plate No.: \_\_\_\_\_ Registration Expires: \_\_\_\_\_  
Seating Capacity: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Liability Limits of Policy: \_\_\_\_\_

## DRIVER STATEMENT

I certify the following:

1. The above information is correct and the insurance coverage is in force.
2. I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. The above vehicle is mechanically safe.
4. I have read and understand the District "Personal Vehicle Use Instructions" on the reverse side of this form.
5. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School/Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original - Site

Exhibit

version: July 8, 2008

VENTURA UNIFIED SCHOOL DISTRICT  
Ventura, California