



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
Request for Alternate Transportation

School Name: _____ Teacher Name: _____ Destination: _____
Student Name: _____ Student Birthdate: _____ Student Grade: _____

Means of transportation:

- Parent/Guardian Student (student drivers may not transport other students)
Friend/Family Member (include full name of designated adult): _____

Rationale

Please state why you are requesting an alternate mode of transportation in the space provided below. If additional space is required, please attach a second page:

Blank lines for rationale text.

School Trips

Education Code Section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with courses of instruction of school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country.

School trips begin and end at the school of origin for all school trips. I am hereby requesting that an exception be made for my child for the above mentioned activity. I will assume personal responsibility and liability for the pick-up, drop-off and transportation of my child to the activity.

Acknowledgement of Risk

I understand that by requesting to facilitate an alternate means of transportation, my child may not be supervised during pick up drop off or during transportation to and from the above mentioned school activity. I further understand that the school and school district may not have emergency contact information for the person and/or organization providing transportation.

Waiver of Liability

All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330). I acknowledge that as a condition of my child's participation, I agree this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees.

My signature below indicates that I have read, understand and agree with the entirety of The Request for Alternate Form of Transportation and understand that requests may be approved or denied at the discretion of the SRVUSD.

Parent/Guardian Signature: _____ Date: _____