

Greater Albany SD 8J
Administrative Regulation

Code: **EEA-AR(2)**
Adopted: 6/1/95
Revised: 3/12/01, 3/22/04,
8/13/07
Orig. Code(s): AR 6700-I, AR
6700-J

Permission Forms

Passenger Permission Form

Various times during the year, students may have a need to ride in a private car due to sports practices, internships, co-op work experience, cadet teaching, business partnerships and conducting assigned business for school newspaper, leadership, annual, rally, dance team, etc. I believe the events for which my student will travel in a privately-owned vehicle are educationally valuable. So that my student may take part in these events, I am giving him/her permission to ride in a privately-owned vehicle driven by a properly licensed student or nonstaff member within the confines of state law.

In the event of a medical emergency, and I cannot be contacted, I authorize the school district to arrange for necessary medical services, and I will provide for the payment of any of these expenses.

Name of Student: _____ Grade: _____

Signature of Parent/Guardian¹: _____ Date: _____

Address: _____ Phone: _____

¹As used in this document, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005(4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of those factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student to whom rights have transferred and foster parent as defined in OAR 581.015-0005(18).

Application For Permit to Drive

So that my student may take part in off-campus educational opportunities offered by the district, I am permitting him/her to drive his/her vehicle to and from the appropriate location. I certify that the vehicle is insured and that my student can be expected to drive in a responsible manner. I agree that the district will not be held responsible for any accidents which may occur.

What school year or years does this apply? 20 ____ through 20 ____.

Driver's Name: _____ Driver's License No: _____
Address: _____ Telephone No: _____

Has driver been in accident or ticketed for a moving violation in the last 3 years? Yes No
Explain:

Vehicle #1

Make: _____ Model: _____ Year: _____

Vehicle License No.: _____ No. of Seat Belts: _____

Name of Company Vehicle Insured With:

Vehicle #2

Make: _____ Model: _____ Year: _____

Vehicle License No.: _____ No. of Seat Belts: _____

Name of Company Vehicle Insured With:

(The insurance on the privately owned vehicle will be primary and the school district's insurance will be secondary.)

Student drivers are responsible for updating this form in regards to pertinent driver and vehicle information. Form is good for one school year only.

Signature of Parent/Guardian: _____

***** School Use Only *****

Signature of Administrator: _____ Date of Approval: _____