

Fenton Area Public Schools

PASSENGER

Fenton High School

3200 West Shiawassee • Fenton, MI 48430-1785
(810) 591-2600 • FAX: (810) 591-2605

Dear Parents:

The school district will allow students to be transported to school sponsored activities by parents or students in private automobiles provided the volunteer drivers who transport such students meet the following conditions:

1. Written certification is provided that the volunteer driver has liability and "no-fault" coverage through the driver's personal automobile insurance policy with limits of at least \$100,000 per person, \$300,000 per accident for bodily injury, and \$500,000 per accident for property damage.
2. Written certification that the driver has a satisfactory driving record (no more than six points).

It is important for parents to realize that the school district is disclaiming any and all liability for accidents and is in no way accepting any responsibility for the volunteer drivers or passengers, nor is the school district providing any insurance coverage for them. Volunteer drivers may be held individually legally liable for any injuries to passengers or others.

Any volunteer parent or student who wishes to drive students to school sponsored activities must complete and return the attached forms to the student's teacher with your signature verifying that the parent or student meet the requirements.

Sincerely,



Mark J. Suchowski
Principal

Learning Today

Leading Tomorrow

ADMINISTRATORS

Mark J. Suchowski
Principal

Laura A. Lemke
Assistant Principal

Michael S. Bakker
Assistant Principal/Athletic Director



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FENTON HIGH SCHOOL

STUDENT INFORMATION AND PARENT AUTHORIZATION FOR FIELD TRIP

Student Name: _____ Birth Date: _____
Last First

Student ID: _____ Student Cell Phone: _____

Address: _____
Number Street City Zip Home phone

Father: _____ Mother: _____

Father's Cell: _____ Mother's Cell: _____

Father's Work: _____ Mother's Work: _____

Emergency contact (if a parent can't be reached): _____
Name Phone number

Family Doctor: _____ Phone: _____

Hospital Preferred: _____

Medical Insurance Company & Number: _____

Date of last Tetanus Booster: _____ Allergies: _____

Medication now taking (list all): _____

Any other Medical Concern we should be aware of: _____

Parent or Guardian Authorization:

1. In case of an accident or serious illness, I hereby authorize school personnel or parent chaperone to secure emergency medical treatment and to make whatever arrangements seem necessary. It is understood that the parents will bear the financial responsibility in case of emergency medical treatment or hospitalization.
2. In case of a serious disciplinary problem, I hereby authorize the school personnel to send this student home. It is understood that such a return trip will be at the parent's expense. Parents will be notified before this action is taken.

Parent or Guardian Signature: _____ Date: _____

FENTON AREA PUBLIC SCHOOLS
FENTON, MICHIGAN

SCHOOL RELATED EVENT VEHICLE DESIGNATION

PARENTAL AUTHORIZATION FOR TRANSPORTATION OF STUDENTS IN A VEHICLE NOT OWNED OR OPERATED AS A SCHOOL PUPIL TRANSPORTATION VEHICLE

As the parent/legal guardian of _____
(Student)

by entering into this written contract, I authorize attendance at the following.

school related events(s): _____

In addition, I designate the driver(s) and vehicle(s) listed below to provide the pupil transportation for this activity.

Transportation for this activity will be provided by:

Driver(s)	Vehicle(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

It is my understanding that the driver of each vehicle has submitted, to the administrator in charge of the event. Proof of a valid driver's license, valid insurance and verification that the vehicle is in good operating condition and will be used in a lawful manner.

In making this request, as the legal parent or guardian of the student seeking transportation in vehicle(s) of my designation. I hereby assume all legal responsibility and hold Fenton Area Public Schools and its agents harmless from liability for any occurrence which may transpire as a result of my son/daughter being transported in this private vehicle(s).

Signature of parent/or adult acting in loco parentis

Telephone

Date