

**Port Huron Area School District
Private Vehicle Travel Permit**

1. _____ has my permission to go to
2. _____ by means of private vehicle to be driven by
3. _____, leaving on 4. _____ at about
5. _____ o'clock and returning 6. _____ at about
7. _____ o'clock.

I understand that the Port Huron Area School District is not providing the above transportation. I also understand the Port Huron Area School District is not guaranteeing or assuming responsibility for the condition or safety of the above private vehicle, the above driver's safe operation or use of the above vehicle not for any accidents or injuries that may arise during the above trip or as a result of the condition or use of the above indicated vehicle.

The driver of this vehicle has been made aware that the Michigan Law requires children under age four to be in an approved child safety seat, regardless of the seating position. Children from ages four to 15 must wear a safety belt, including in the back seat.

I hereby knowingly and voluntarily release the District, its Board, offices, employees and agents, the above indicated driver and the private owner or leasee of the vehicle used from any and all liability and responsibility, legal, financial or otherwise, connected with or related to the above indicated transportation and trip.

Date

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Spaces are to be filled in as follows:

1. Student Name
2. Destination(s) of trip
3. A parent or teacher (specific name not needed)
4. Date of leaving
5. Time of leaving
6. Date of return (usually "same day")
7. Time of return

White Original to Principal
Yellow to Driver
Stock # 3566-A

**STUDENTS
MAY NOT DRIVE
OTHER STUDENTS**