

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Parent/Guardian Request to Transport Own Child
On School Activity (Form 5)

Date of Request: _____

I hereby notify the Davis Joint Unified School District that I accept the responsibility of transporting my child to/from the following event or activity rather than using the District-provided form of transportation.

(Check one or both that apply)

To

From

ACTIVITY/EVENT	DATE(S) OF ACTIVITY/EVENT
STUDENT NAME (Please print)	

I, (parent/guardian), understand that I accept full responsibility for the transportation of my child to/from the activity/event stated above. This transportation has not been arranged or organized by a school district employee.

Signature of Parent/Guardian*

Student Name (please print)

The signatures below allow parents to transport their child to or from a district-sponsored activity or event.

District's Authorized Sponsor of Activity/Event

School Site Principal or Designee

STUDENT MUST PROVIDE THIS COMPLETED DOCUMENT TO THE AUTHORIZED SPONSOR OF THE ACTIVITY/EVENT AT
LEAST ONE DAY PRIOR TO THE DATE OF THE ACTIVITY/EVENT.