



AROMAS-SAN JUAN UNIFIED SCHOOL DISTRICT
SAN JUAN SCHOOL

100 Nyland Drive, San Juan Bautista, CA 95045
Tel: 831-623-4538 fax: 831-623-0614

SCHOOL PRINCIPAL
Dr. Elizabeth Cord

BOARD OF EDUCATION

Jose Flores ♦ Drew McAlister ♦ Jennifer Colby, Ph.D. ♦
Jeff Hancock ♦ Monica Martinez-Guaracha

**TRANSPORTATION RELEASE FORM
PARENT OR GUARDIAN RESPONSIBILITY FORM
PARENT PROVIDING TRANSPORTATION**

I _____ (parent/guardian name) hereby confirm that my child _____ (child's name) will be going on the field trip to _____ (field trip destination) on _____ (date of trip) with her/his San Juan School.

I _____ (parent/guardian name) am confirming that my child _____ (child's name) will be driven to and from _____ (field trip destination) by me/Mr./Mrs. (please circle who is transporting) _____ (parent/guardian name).

In confirming transportation for my child, I hereby expressly waive my claim for liability against the Aromas-San Juan Unified School District, its Schools, the Board of Education, including its employees and representatives and release them from liability in connection with this trip. Further, I assume full responsibility for any damage to persons and/or property caused by my student. I further expressly agree that in the event disciplinary action may be necessary, I am responsible for my child and may be asked to return home.

It is further warranted if this **TRANSPORTATION RELEASE FORM**, is signed by one of two parents/guardian, it is with the authority of the other.

**Parent/Guardian Signature
(REQUIRED)**

**Parent/Guardian day phone number
(REQUIRED)**

**Date
(REQUIRED)**