



LAKE OSWEGO SCHOOL DISTRICT

Authorization for Transportation to Off-Campus Locations and Field Trips

This form authorizes transportation alternatives to and from district sanctioned activities when transportation is provided by the district. When complete, return this form to your teacher at least **two (2)** days prior to the event.

**BUS TRANSPORTATION:**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Activity or Event\*: \_\_\_\_\_

**Complete the following for a specific event only:**

Date of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

I acknowledge that by signing this form I am giving permission for the above named student to travel to and from district sanctioned events by any of the methods I have approved below. I also acknowledge that the District provides no medical or liability insurance applicable to these transportation alternatives. It is the student’s responsibility to carry any medications they may need with them such as inhalers, epi pen, and diabetic supplies.

**Check all that apply:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Transportation (bus) provided by the District | <input type="checkbox"/> Airplane    |
| <input type="checkbox"/> Private vehicle (see page 7)                  | <input type="checkbox"/> Train       |
| <input type="checkbox"/> Private charter bus                           | <input type="checkbox"/> City bus    |
|  | <input type="checkbox"/> Other _____ |

\*An activity (such as soccer) may include multiple events (such as practices at a city field). An event is a one-time occurrence such as a contest held at an off-campus facility.



LAKE OSWEGO SCHOOL DISTRICT  
**Transportation Alternatives (not provided by District)\***

I approve the following transportation alternatives as shown below. Please respond yes or no to all alternatives:

<b>For students with medical conditions or IEP/504</b>	<b>YES</b>	<b>NO</b>
I give permission for my student to ride in a private vehicle driven by an adult other than myself. Name of Teacher: _____		
I give permission for my student to ride public transportation.		
I give permission for my student to ride the activity bus.		

<b>All Other Students</b>	<b>YES</b>	<b>NO</b>
My child to ride in a private vehicle driven by an adult other than myself.		
My child to drive our private vehicle.		
My child to ride in a private vehicle driven by another student.		

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* "Authorization for Transportation to Off-Campus Locations and Field Trips" form required (page 6) **IN ADDITION** to this form.



LAKE OSWEGO SCHOOL DISTRICT  
**Request to Provide Student Transportation**

Thank you for agreeing to transport students of the Lake Oswego School District 7J on a field trip or for some other district approved purpose. In order to fulfill our district responsibility to provide a safe environment for students, we require that you have adequate insurance limits and a safe driving record.

The district reserves the right to ensure that only safe, well insured drivers are transporting students. Please also be aware that in the event of an accident involving your vehicle, your insurance will provide primary coverage. Students with provisional licenses may only transport other students as allowed by Oregon's Teen Driving Laws.

Please provide all of the information requested below and return this form at least **ten (10)** working days prior to the date of the event for which you will be providing transportation. After reviewing your request, we will contact you promptly if further clarification is needed.

Insurance Company (not agent) Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

Oregon Driver's License No: \_\_\_\_\_

Do you have any points for motor vehicle infractions charged to your license?    Yes    No

Name as it appears on your driver's license: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_