

Private Auto Instructions

For students traveling in a carpool with an adult

- “Private Automobile Driver Certification of Liability Insurance” form (Page 1)
- Transportation Waiver Form” (Page 2)
- copy of the driver’s license for the driver and the active car insurance card for the driver.

If a parent is driving his or her own child to a game (no other students)

- “Care of Custody” completed (Page 3)

If a student is driving themselves to a game

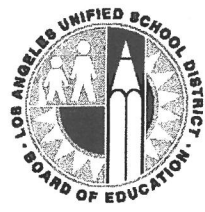
- “Assumption of Liability when Opting for Student Transportation” (Page 4). Please note they may not transport other students.

The student is not taking the bus back to school after the game

- “Bus Release Form” Transportation” (Page 5).

*If you have any questions regarding this, please contact Athletic Director, Greg Venger, at gsv0941@lausd.net

LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

ATTACHMENT C

PRIVATE AUTOMOBILE DRIVER CERTIFICATION OF LIABILITY INSURANCE

I hereby certify that I have automobile liability insurance which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the transport of students, other employees or tangible goods for the following LAUSD authorized employment duties or school activity:

Covered Auto _____

Make: _____

Model: _____

My insurance company is: _____

(Policy#) _____

My insurance agent/broker is: _____

(Telephone) _____

My driver's license number is: _____ Issue State: _____

Exp. Date: _____ Age: ____ (18-25) ____ over 25

Signature: _____

Printed Name: _____

Work Site Address: _____

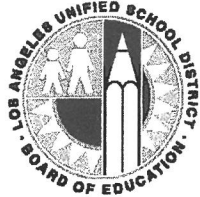
Home Address: _____

Reviewed By: _____ Title: _____

(Site Administrator/Supervisor)

Date: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT



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ATTACHMENT B

TRANSPORTATION WAIVER FORM

Permission is granted for _____
(Name of student)
 as a part of his/her class work in _____
(Course name)
 or other student activity _____
(Type of activity)
 at _____ School to participate in the following school-
 sponsored field trip or excursion to: _____ on
 the date of _____.

Since no school district transportation is available for this trip/excursion, I further authorize my child to use the following mode(s) of transportation to participate in the above event:
(Please initial on appropriate line(s) below and then sign at the bottom of page)

Ride in a private vehicle driven by a District employee:

Age of authorized driver: ____ (18-25) ____ (Over 25)

Ride in private vehicle driven by a parent/volunteer:

Age of authorized driver: ____ (18-25) ____ (Over 25)

In so doing, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against the Los Angeles Unified School District, the Board of Education of Los Angeles Unified School District, and its members, agents and employees, arising out of, in connection with, or resulting from the above school activity.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

(If signed by Guardian please state nature of custodial relationship.)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Grover Cleveland Charter High School

A CALIFORNIA DISTINGUISHED SCHOOL

8140 Vanalden Avenue, Reseda • California 91335-1199

Telephone: (818) 885-2300 FAX: (818) 727-0964

Website: www.clevelandhs.org



Alberto Carvalho
Superintendent of Schools

Joseph Nacorda
*Local District Northwest
Superintendent*

Cindy Duong
Principal

Care of Custody

2023-2024

Dear Parent or Legal Guardian:

Your child will be participating in the sport of: _____

Please be advised that neither LAUSD nor Grover Cleveland Charter HS are responsible for the supervision or welfare of your child during the transportation to and from the activity or while in the parent's custody. Therefore, neither LAUSD nor Grover Cleveland Charter HS will compensate, insure, or indemnify you or your child for any incident, loss of property, illness, or injury that may occur during the trip.

LAUSD and Grover Cleveland Charter HS will only be responsible for your child during the time they are at the CIF Sanctioned event.

Student-Athlete's Name: _____

Parent/Legal Guardian Signature

Principal's Signature

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Alberto Carvalho
Superintendent of Schools

David Baca
Interim ESCNW Superintendent

Cindy Duong
Principal

Assumption of Liability when Opting for Student Transportation

I opt to arrange/provide transportation for my child by public transportation, private passenger auto driven by myself, my child, or authorized person to and from the _____ (field trip site) on _____ (dates). I also agree to assume all liability arising out of the opted transportation method.

I, the undersigned, hereby release and discharge the Los Angeles Unified School District, its Board, officers, and employees from any and all liabilities or claims in connection with my child's transportation that may be filed on behalf of or for the above minor.

Student Name: _____ Student ID: _____

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

BUS RELEASE FORM

Parents are advised that if they wish to transport their son/daughter after a game/event, they must complete and submit this form to the Athletic Director for his signature 48 hours in advance.

Once the form has been approved it will be returned to the head coach, who will have the completed form at the game/event. The parent and child must have face to face contact with the coach and specify that the parent will be taking responsibility of their child. The coach will then release the child to that parent only.

Sport/Event: _____ Head Coach: _____

Location of game/event: _____ Date of Game: _____

I understand that the Los Angeles Unified School District and Cleveland Charter High School encourages students to ride the bus from all games/events for which buses are provided. I agree to release the Los Angeles Unified School District and Cleveland Charter High School, including its employees and agents from all liability once the child is released to his/her parent.

Student Name: _____ Date: _____
(Print)

Signature: _____ Date: _____

Parent Name: _____ Date: _____
(Print)

Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____