Shasta Union High School District
Community Classroom
Off-Campus Packet Contents and Instructions

Information for Instructors and Career Technicians

During the course of the year it may become necessary for students to go into the community to perform various class-related activities. Before this can happen, SUHSD must have the permission of the student's parent/guardian.

The Community Classroom Off-Campus documents **MUST** be completely filled out with **ALL** signatures **BEFORE** any student may leave the campus. Please pay special attention to when forms are to be distributed and when forms are due. **ALL forms have instructions** for where **ORIGINAL DOCUMENTS** will be turned in and who needs **COPIES.**

Documentation of forms due at the beginning of the year will be documented by the **CTE CAREER TECHNICIAN** at each SUHSD site. Please provide your career tech with any **SPREAD SHEET or AGREED UPON ALTERNATIVE** you use to keep track of forms and paperwork. Please provide **COPIES** of the completed **PARENT APPROVAL FORM** and the **INTERNSHIP STUDENT AND SITE FORM** to the **CTE Internship Coordinator BEFORE** internships begin**. If your program/industry partner requires more forms for an internship, please add them to this check list** and provide a copy to your Site Career Technician and the CTE Internship Coordinator.

Allowing a student to leave the classroom/campus for class activities prior to completing/providing all required documentation exposes SUHSD to civil liabilities and is a violation of Ed. Code and District policy.

Required Documents:

	Required Student Forms	**When Distributed**	**Due (where to turn in)**
☐	Parent Approval for CTE Programs	Beginning of year	Before Internship (see form instructions)
☐	CTE Training Agreement	Beginning of year	Before Internship (see form instructions)
☐	Internship Participation Agreement	Beginning of year	Before Internship (see form instructions)
☐	Emergency & Injury Notification Procedures	Beginning of year	Before Internship (see form instructions)
☐	CDE Request for Volunteer/Unpaid Trainee Authorization for Minor	Beginning of year	Before Internship (see form instructions)
☐	Release and Waiver of Liability	Beginning of year	Before Internship (see form instructions)
☐	Publicity and Photo Release	Beginning of year	Before Internship (see form instructions)
	Transportation to Off-Campus Classes or Activities Forms **Check the applicable box below** (1, 2, or 3)		
☐	1. Minor (under 18) Form	Beginning of year	Before Internship (see form instructions)
☐	2. over 18 Form	Beginning of year	Before Internship (see form instructions)
☐ ☐ ☐	Copy of private Auto Insurance Copy of vehicle Registration Copy of student's CA Driver's License **If student drives, all of these copies must be included with these forms.**	Beginning of year	Before Internship (see form instructions)
☐	3. Walking to off Campus Activity (only select if walking off campus)	Beginning of year	Before Internship (see form instructions)
	Required Forms for Instructor/Student		**DUE**
☐	CTE Training Plan	Beginning of year	Filled out before placement. Turned in after final evaluation (see from instructions).
☐	Internship Student and Sites	NA	Before Internship (see form instructions)
☐	Time Card	Each week or enough at start of internship to cover entire internship.	End of each week – FRIDAY (see form instructions)
☐	Evaluation Report	To site supervisor at start of internship.	Every 3 weeks. Final Evaluation at end of internship.

Shasta Union High School District
Parent Approval for CTE Programs

STUDENT PRINTED NAME (First and Last): _____

CTE Course: _____

As the parent/guardian for the above student, I give my consent for my student to participate in and travel to off-campus sites during school hours for CTE activities.

1. I understand my student will receive school credit for these activities.
2. I understand that SUHSD does not provide transportation for these activities.
3. I agree to not hold the CTE Training Site, Shasta Union High School District, or the CTE Instructor liable for any injuries sustained to my student due to causes beyond the control of the CTE Training Site or CTE Instructor.
4. I understand the following documentation is required before my student will be allowed to participate in these activities and I agree to complete, sign and have my student return these documents to the CTE Instructor within the allowed time frame:

Required Documents:

	Required Student Forms	**Due (where to turn in)**
☐	Parent Approval for CTE Programs	Before Internship (see form instructions)
☐	CTE Training Agreement	Before Internship (see form instructions)
☐	Internship Participation Agreement	Before Internship (see form instructions)
☐	Emergency & Injury Notification Procedures	Before Internship (see form instructions)
☐	CDE Request for Volunteer/Unpaid Trainee Authorization for Minor	Before Internship (see form instructions)
☐	Release and Waiver of Liability	Before Internship (see form instructions)
☐	Publicity and Photo Release	Before Internship (see form instructions)
	Transportation to Off-Campus Classes or Activities Forms **Check the applicable box below (1,2, or 3)**	
☐	1. Minor (under 18) Form	Before Internship (see form instructions)
☐	2. over 18 Form	Before Internship (see form instructions)
☐ ☐ ☐	Copy of private Auto Insurance Copy of vehicle Registration Copy of student's CA Driver's License **If student drives, all of these copies must be included with these forms.**	Before Internship (see form instructions)
☐	3. Walking to off Campus Activity (only select if walking off campus)	Before Internship (see form instructions)

Parent/Guardian Printed Name (First and Last): _____

Parent/Guardian Signature: _____ DATE: _____

(**Original** - CTE Instructor; **Copy** – CTE Career Technician, Internship Coordinator, Student)

Shasta Union High School District
CTE Training Agreement

Student Name (printed) _____ Date of Birth: _____ Age: _____

CTE Course Site (School): _____ Phone #: _____

Training Site: _____ Phone #: _____

Address of Training Site: _____

Training Supervisor: _____ Position: _____

Date of Training Period From: _____ To: _____

Average number of Hours of Training: Per Day: _____ Per Week: _____

Career Objective:_____

RESPONSIBILITIES OF SHASTA UNION HIGH SCHOOL DISTRICT:

1. Provide a CTE Instructor to supervise the program and the student's training advancements.
2. SUHSD will maintain comprehensive general liability insurance in the amount of one million dollars for bodily injury and property damage covering SUHSD employees and agents plus the students enrolled.
3. As the legally designated employer of CTE students, SUHSD will maintain worker's compensation coverage to provide benefits to the student in case of injury during instruction at the training site.
4. This agreement may be terminated by mutual consent of the training site Supervisor and the CTE Director.

RESPONSIBILITIES OF CTE INSTRUCTOR:

1. To see that the necessary and required related classroom instruction is provided.
2. To make periodic visits to the training station to observe the student-learner, to consult with the employer and training supervisor, and to render any needed assistance with training problems of the student-learner.
3. To assist in the evaluation of the student-learner. The CTE Instructor or CTE Internship Coordinator will visit the training site to observe the student and consult with the Supervisor at a minimum of every three weeks during the semester. CTE Instructor will inform the Supervisor when evaluation forms are due. CTE Instructor will provide on-going student assistance, needed intervention and/or coaching and grant graduation credit for acquisition of occupational competencies.
4. The CTE Instructor will have the authority to transfer or withdraw the student at any time.

RESPONSIBILITIES OF THE TRAINING SITE:

1. To provide a variety of experiences for the student-learner that will contribute to his/her career objective.
2. To provide training for the student-learner for at least the minimum listed number of hours each *day* and each week for the entire training period.
3. To adhere to all Federal and State regulations regarding training, child labor laws, and other applicable regulation.
4. To assist in the evaluation of the student-learner.
5. To provide time for consultation with community classroom teacher concerning the student-learner and to discuss with a teacher any difficulties the student-learner may be having.
6. To provide occupational guidance for the student-learner.

RESPONSIBILITIES OF THE STUDENT:

1. To be regular in attendance, both in school and on the training site.
2. To perform training site responsibilities and classroom responsibilities in an efficient manner.
3. To show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
4. To conform to the rules and regulations of the training site.
5. To furnish the community classroom teacher with necessary information about his/her training program.
6. To consult the community classroom teacher about any difficulties arising at the training station.
7. To participate in those co-curricular school activities that are required in connection with the program.

RESPONSIBILITIES OF THE PARENT/GUARDIAN:

1. To encourage the student-learner to carry out effectively his/her duties and responsibilities.
2. To share the responsibility for the conduct of the student-learner while training in the program.
3. To accept the responsibility for the safety and conduct of the student-learner while he/she is traveling to and from the school, the training station, and his/her home.

_____ _____

(Student Signature) (Parent Signature)

_____ _____ _____

(Training Supervisor Signature) (CTE Instructor Signature) (DATE)

Neither the SUHSD nor the training site shall discriminate against any student or employee based on race, color, national origin, sex, marital status, parental status, or disability in employment practices or on-the job training.

(**Original** - CTE Instructor; **Copy** – CTE Career Technician, Student)

Shasta Union High School District
INTERN PARTICIPATION AGREEMENT

The objective of the Shasta Union High School District Career Technical Education Program is to contribute to your vocational training by providing opportunities for you to participate in an actual job setting related to your career choice. Because students will be actively involved in the business community and actually training in a business environment, participants must comply with the standards and policies set by the participating employers:

Participation Requirements

- Good grooming is essential in the classroom and at a worksite.
- Absences must be cleared by your school attendance coordinator. Excessive absences will result in dismissal from this training program.

Training Station Standards

- Follow company dress code policy.
- As a member of a school organization, you are not allowed to smoke.
- Tardies and absences are not consistent with a professional attitude.
- You must train for the full time assigned, even if you arrive late.
- Schedule appointments and school activities outside of internship and class time.
- Call the training stations as well as the classroom prior to being absent.
- Return to the classroom as scheduled for related instruction. Missing more than three related classes may result in failing the class and losing your non-paid or paid internship.
- Notify your instructor if you are offered a paid position so arrangements can be made (e.g., work permit).

Positive public relations are required of all interns. Clear communications and understanding will help the year run smoothly. Enjoy, learn, and have a good year!

Emergency Information

Who to contact in case of emergency _____
Name Relationship

Phone (___)_____

Permission to call: If my child needs emergency medical attention and I cannot be reached, I give SUHSD and the attending site supervisor authority to call:
Our family doctor _____ Phone (___)_____ [ ] Yes [ ] No
and/or SUHSD designated emergency clinic/hospital [ ] Yes [ ] No

Please list any special medical instruction (e.g., allergies, vision, seizures, limited physical activity, or other pertinent information).
_____
_____

By signing below, the student (or parent/guardian if student is under 18 years of age) certifies that the student meets all of the following qualifications:

- Is at least 16 years of age, except a student with exceptional needs;
- Is a full time student as defined in Title 5 California Code of Regulations section 10103(b);
- Has parent or guardian approval, if under 18 years of age;
- Is currently enrolled in, and attending at least once per week, the related classroom portion of the program.

I (we) have read, discussed, understand, and agree with the expectations set by the instructor.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

(**Original** - CTE Instructor; **Copy** – CTE Career Technician, Student)

Revised 8/2025

Shasta Union High School District
Emergency & Injury Notification Procedures

Student _____ Phone# _____ ID# _____

CTE Class _____ Assigned Work Days _____ Hours _____

Training Site _____ Supervisor _____

Site Address _____ Phone # _____

Reporting Student Injuries

The community classroom teacher and training site supervisor **MUST IMMEDIATELY** notify the following individuals/agencies of **ANY** injury to a community classroom student. Contact individuals/agencies in order of listing.

1st = CTE Instructor
2nd = Student's parent or guardian

SUHSD Emergency Contacts

SUHSD Address: 2200 Eureka Way, Suite B, Redding, California 96001 Phone #: (530)241 – 3261

SUHSD Instructor _____ Phone # _____

SUHSD CTE Internship Coordinator: Bret Barnes Phone # (530)241–4161 Ext. 15812

Emergency Medical Information

In case (student's name) _____ becomes ill or is injured, medical treatment may be administered by a qualified individual.

Signature of Parent/Guardian _____ Date _____

Student Emergency Information

Name of Parent/Guardian _____ Home Phone# _____

Work Phone# _____ Cell Phone# _____

Alternate Contact Person _____ Relation to Student_____

Phone# _____

Family Doctor _____ Phone# _____

Shasta Union High School District carries liability insurance and worker's compensation insurance on all its CTE Community Classroom students.

The Shasta Union High School District is an equal opportunity employer and does not discriminate on the basis of sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability. (Title VI, Title IX, and Section 504 Vocational Rehabilitation}

(Original - CTE Instructor; Copy – EMPLOYER, CTE Career Technician, Student)

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION

REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR

CDE Form B1-6 (Rev. 04-12)

(Print Information)

Minor's Information

Minor's Name *(First and Last)*	Home Phone	Birth Date
Home Address	City	Zip Code

Local Education Agency Information

SHASTA UNION HIGH SCHOOL DISTRICT	(530)241-3261	
LEA Name	LEA Phone	
2200 EUREKA WAY	REDDING	96001
LEA Address	City	Zip Code

List educational program for this placement: CTE COMMUNITY CLASSROOM ACTIVITY

To be filled in by employer or agency of placement.

Business or Agency of Placement Name	Business Phone	
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: _____

Employer's Name *(Print First and Last)*	Employer's Signature	Date

To be signed by parent or legal guardian.

As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Parent/Guardian's Name (*Print First and Last)*	Parent/Guardian's Signature	Date

Certification

In compliance with California Education Code 51769*, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.*

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

(**Original** - CTE Instructor; **Copy** – CTE Career Technician, Student)

RELEASE AND WAIVER OF LIABILITY FOR STUDENTS/EXTERNS

Please Read Carefully: This* is *a legal document.

This Release and Waiver of Liability (the "Release') executed on today's date *(day, month, year)* _____

By _____
(Student Name - PLEASE PRINT)

I am an ADULT ☐ (Student/Extern}, **OR**
I am a MINOR CHILD ☐ (Student/Extern) and my parent having legal custody and/or my legal guardian's name ("Guardian") is

And by_____
(Guardian Name - PLEASE PRINT)

In favor of Shasta Union High School District (SUHSD), a California school district, and any satellites, directors, officers, employees, and agents(collectively, "SUHSD").

The Student/Extern (and Guardian) desire(s) that the Student/Extern work for a designated externship site and engage in the activities relating to the general nature of work ("Activities"). The Student/Extern (and Guardian) understand(s) that the Activities may include but are not limited to the following: working one-on-one with patients, going in and out of patient care areas including exam rooms, assisting in different departments of the healthcare organization as needed.

The Student/Extern and the Guardian, do hereby freely, voluntarily and without duress execute this Release under the following terms:

1. Release and **Waiver.** The Student/Extern (and Guardian) do(es) hereby release and forever discharge and hold harmless SUHSD and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either In law or in equity, which arise or may hereafter arise from the Student/Extern's Activities with their externship placement.

   The Student/Extern (and Guardian) understand(s) that this Release discharges SUHSD from any liability or claim that the Student/Extern. And in the event the Student/Extern is a minor child that the Student/Extern and Guardian may have against SUHSD and externship partners with respect to any bodily Injury, personal injury, illness, death or property damage that may result from the Student/Extern's Activities with their externship, whether caused by the negligence of clinic/hospital or its officers, directors, employees, or agents or otherwise. The Student/Extern (and Guardian) also understand(s) that SUHSD does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

2. Medical Treatment. The Student/Extern (and Guardian) do(es) hereby release and forever discharge SUHSD from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Student/Extern's Activities with SUHSD or externship locations or with the decision by any representative or agent of SUHSD to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. Assumption of the Risk. The Student/Extern (and Guardian) understand(s) that the Activities may include work that may be hazardous to the Student/Extern, Including, but not limited to, exposure to airborne and droplet diseases, exposure to blood borne pathogens, exposure to the Novel Coronavirus (Covid-19), and exposure to a myriad of other communicable health issues, which could be dangerous to the Student/Extern, especially if they do not wear protective equipment, are exposed for extended periods of time, or have a pre-existing immune system deficiency.

   The Student/Extern (and Guardian) hereby expressly and specifically assume(s) the risk of injury or harm in the Activities and release(s) SUHSD and clinical partners from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

4. Insurance. The Student/Extern (and Guardian) understand(s) that, except as otherwise agreed to by SUHSD in writing, SUHSD is under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance coverage for any Volunteer or Minor.

   Each Student/Extern is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

5. Photographic Release. The Student/Extern (and Guardian) do(es) hereby consent that the Student/Extern's photograph may be taken or his or her image recorded digitally or by video camera while engaged in work for SUHSD and do(es) hereby grant

and convey unto SUHSD all right, title and interest in any and all photographic images and video and/or audio recordings made by SUHSD during the Student/Extern's activities with clinical partners, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. The Student/Extern (and Guardian) do(es) further grant and convey unto SUHSD all right to identify the Student/Extern by the Student/Externs name in or around any and all such photographic images and video and/or audio recordings made by SUHSD during the Student/Extern's activities with SUHSD externship program.

6. Other. The Student/Extern (and Guardian) expressly agree(s) that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. The Student/Extern (and Guardian) further agree(s) that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

IN WITNESS WHEREOF, the Student/Extern, or, in the event that the Student/Extern is a minor child, then the Student/Extern and Guardian, have executed this Release as of the day and year first above written.

Student/Extern's Signature: _____ Date of Birth _____

Guardians Signature: _____

Guardians Printed Name: _____

VOLUNTEER OR MINOR & GROUP INFORMATION:

☐ I am a new Student/Extern

☐ I am a returning Student/Extern

School affiliation: Shasta Union High School District

CONTACT INFORMATION:

Mailing Address: _____ Home Phone:_____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship to You: _____

Contact Phone Number: _____ Alternative Phone #: _____

Student Insurance Information:

Company Name: _____

Insured Name: _____

Group/Plan Number: _____

* Please attach a copy of insurance card front and back (Student can make a copy in class if necessary)*

(**Original** - CTE Instructor; **Copy** – CTE Career Technician, Student)

Shasta Union High School District
Publicity and Photo Release Form

The Shasta Union High School District is making a concentrated effort to promote the positive activities, honors, and work of our staff and students. This includes working with the local newspapers, radio, and television stations and also developing our own publications. These publications include information, likenesses, and images, which may appear on the district web site as well as in other publications.

As we go about this project there will be opportunities for various students to be interviewed and/or photographed and **identified by name and classroom or school**. However, we understand that some parents may request that we do not identify their child(ren). Please fill out the form below to inform us of your wishes regarding publicity. **Please note, however, that your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child is permissible. This photo release form does not apply to photographs taken during extra-curricular activities. Students who attend extra-curricular activities forfeit their rights to retain authority over the publication of photos taken.**

(Please print. Use a separate form for each child)

Student Name_____

School_____ Grade_____

Parent/Guardian Name_____

☐ I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in district publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television.

☐ I give permission for SUHSD to use the likeness or photography of my child but may not identify my child by name.

Parent/Guardian Signature_____

Date_____

*****Please return this form to the school as soon as possible.*****

If we do not receive this form back, we will assume that you do not wish for your child to be interviewed or photographed. This form will be kept on file at your child's school. If a situation arises that may change your child's status regarding publicity, please notify Shasta Union High School District in writing as soon as possible. New photo release forms will not be required each school year.

(**Original** - CTE Instructor; **Copy** – CTE Career Technician, Student)

Shasta Union High School District

TRANSPORTATION TO OFF-CAMPUS CLASSES OR ACTIVITIES

(To be used with minors)

SHS ❑ EHS ❑ FHS ❑ PHS ❑ NSIHS ❑ Other: _____

This is to certify that my son/daughter has my permission to **Transport Self Only**.

Student Name_____ Student I.D._____

Class _____

Class/Activity Location_____

Period(s) of Class _____ Class Telephone #_____

Other_____

YOUR SON/DAUGHTER'S SCHOOL ADMINISTRATORS MAY REVOKE THIS PRIVILEGE AT ANY TIME.

Assumption of Risk and Indemnification

I understand that the student must assume the responsibility of meeting all regulations of the Ed Code and California Vehicle Code. I assume full responsibility for the safety and well being of my son/daughter to or from this class/activity location. I further acknowledge that I knowingly and voluntarily assume all risks of bodily injury to my son/daughter, _____, and expressly acknowledge my intention by executing this instrument to exempt and release Shasta Union High School District, its officers, agents and employees from any liability for personal injury, bodily injury, wrongful death, or property damage that may arise out of or are in any way connected to student's transportation to and from above class/activity location. I also agree to hereby defend, indemnify and hold harmless the District, it's officers, agents and employees from every claim or demand made, and every liability, loss, damage or expense of any nature whatsoever, which may be incurred by reason of the transportation to and from the above class/activity location. This includes death whether the student is at fault or another driver.

I HAVE READ THE ABOVE LANGUAGE, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Driver's License #_____

Vehicle Make_____

Vehicle License #_____

Parent/Guardian Signature _____

Student Signature_____

Career Tech. Signature_____

Principal Signature_____

Date Approved _____

Vehicles Registered Owner_____

Address_____

Phone #_____

Insurance Carrier_____

Insurance Policy #_____

Insurance Expiration Date_____

(Original copy – Career Technician:Copy - Class Instructor, Main Office, Student)

Shasta Union High School District

(To be used with students 18 years old and older)

TRANSPORTATION TO OFF-CAMPUS CLASSES OR ACTIVITIES

SHS ❑ EHS ❑ FHS ❑ PHS ❑ NSIHS ❑ Other: _____

This is to certify that I have permission to **Transport Self Only**.

Student Name_____ Student I.D._____

Class _____

Class/Activity Location_____

Period(s) of Class _____ Class Telephone #_____

Other_____

YOUR SCHOOL ADMINISTRATORS MAY REVOKE THIS PRIVILEGE AT ANY TIME.

Assumption of Risk and Indemnification

I understand that I must assume the responsibility of meeting all regulations of the Ed Code and California Vehicle Code. I assume full responsibility for my safety and well being to or from this class/activity location. I further acknowledge that I, _____ knowingly and voluntarily assume all risks of bodily injury and expressly acknowledge my intention by executing this instrument to exempt and release Shasta Union High School District, its officers, agents and employees from any liability for personal injury, bodily injury, wrongful death, or property damage that may arise out of or are in any way connected to my transportation to and from above class/activity location. I also agree to hereby defend, indemnify and hold harmless the District, it's officers, agents and employees from every claim or demand made, and every liability, loss, damage or expense of any nature whatsoever, which may be incurred by reason of my transportation to and from the above class/activity location. This includes death whether I am at fault or another driver.

I HAVE READ THE ABOVE LANGUAGE, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Driver's License #_____

Vehicle Make_____

Vehicle License #_____

Parent/Guardian Signature _____

Student Signature_____

Career Tech. Signature_____

Principal Signature_____

Date Approved _____

Vehicles Registered Owner_____

Address_____

Phone #_____

Insurance Carrier_____

Insurance Policy #_____

Insurance Expiration Date_____

(Original copy – Career Technician:Copy - Class Instructor, Main Office, Student)

Shasta Union High School District

Walking to Off Campus Classes or Activities

SHS ☐ EHS ☐ FHS ☐ PHS NSIHS ☐ Other: _____

This is to certify that my son/daughter has my permission to WALK to the following activity:

Student Name. _____ Student I.D. _____

Class: _____

Class/ Activity Location. _____

Period(s) of Class _____ Class Telephone # _____

Other _____

YOUR SON/DAUGHTER'S SCHOOL ADMINISTRATORS MAY REVOKE THIS PRIVILEGE AT ANY TIME.

Students must follow all school rules while engaged in this activity and traveling to and from the activity.

Parent/Guardian Signature _____ **DATE: _____**

Student Signature _____ **DATE: _____**

Career Tech. Signature. _____ **DATE: _____**

Principal Signature. _____ **DATE: _____**

(Original copy – Career Technician:Copy - Class Instructor, Main Office, Student)