

Name of Employee/Volunteer: _____

Calif. Driver's License No. & Exp. Date: _____

Driver information has been verified as required and the driver is authorized to transport the following student/s for the following event:

Event: _____

Location: _____

Dates: _____

- Student Riders:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____

School Administrator

Date