



Administrative Offices
510 G Street
Antioch, California 94509-0904
(925) 706-4100 - FAX (925) 757-2937

Field Trip Voluntary Student Transportation Agreement
(This form to be completed by parent declining use of district provided transportation.)

Student's Name: _____ Grade: _____ School: _____

Activity: _____ Activity Date: _____

I understand the Antioch Unified School District is providing transportation to and from the above activity. However, I do not wish to avail myself to the transportation provided by the district. for the return trip home.

As the parent/guardian of the student named above, I hereby request permission to provide for his/her own transportation at my own expense.

It is fully understood that the district is in no way responsible nor does the district assume liability for any injuries or losses resulting from this non-district sponsored transportation. Although the district may assist in coordinating the transportation and/or recommend travel time, routes or caravanning to or from this even, I fully understand that such recommendations are not mandatory.

I also understand that the driver is not driving as an agent of or on behalf of the district.

Student's Signature Date

Parent/Guardian's Signature Date
(If the student is under 18 years of age)

Teacher/Coach's Signature Date

Principal's Signature Date