

**PARENTAL/GUARDIAN PERMISSION TO TRANSPORT SELF OR OTHERS IN  
A PRIVATE AND/OR COMMERCIAL VEHICLE – SECONDARY STUDENTS**

---

**NOTE: Only Applies to School Approved Student Activities/Excursions**

Date: \_\_\_\_\_

Dear Parent/Guardian of: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_

Due to the nature of these activities, some are unable to be offered at the school. It will, therefore, be necessary for the students to travel to other facilities off school property. Transportation to these facilities will be accomplished in one or more of the following ways: Some students will travel via the school van, a Board-approved taxi, some via a personal vehicle driven by a Board approved adult (such as a staff member or a non-student volunteer), while other students may choose to drive themselves.

The Board does not approve students driving other students to Board/school sanctioned activities. It is because of this situation that we ask you to read and sign the appropriate section(s) below: (Please sign all sections which pertain to your child).

1. I hereby give permission for my child to drive himself/herself to and from the activities described above.

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

2. I hereby give my permission for my child to ride in a private car, driven by the teacher or another Board approved adult (non-student) volunteer, to and from the activities described above.

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

3. My child may ride in the school van to and from the activities described above.

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

4. My child may ride in a Board approved taxi to and/or from the activities described above, whether or not there is a teacher and/or adult supervisor.

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

**I understand that all activities, including the transportation of my child, have some inherent danger and I accept the risks and dangers. I understand also that the Dufferin-Peel Catholic District School Board will provide transportation for my child and that if my child elects to drive, she/he does so at her/his own risk, my child is not authorized by the Board to transport other students, and that my child is covered under my automobile insurance policy.**

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

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education act, R.S.O. 1980, c.129. This information will be used for the purpose of: planning and administering out-of-school programs for students, insurance and statistical analysis. Questions regarding this collection of personal information should be directed to the School Principal.