Salem High School / Salem Vocational Center
Community/Classroom Related Activity
Approval Form

Your student has the opportunity to participate in course related activities as indicated below. These activities require students to provide their own transportation. You may give permission for your student to either drive alone, or to voluntarily provide transportation for other student(s). If your student does not have a parking pass you may permit them to arrange to ride with another student. A student’s inability to participate will not affect their grade.

Please complete this form in order for your son or daughter to participate in the activities.

Student Name ____________________________

Activity Description: ____________________________

Block 1 2 3 4 Quarter 1 2 3 4 Semester 1 2

Approval: _______________, give permission for my daughter/son to:

Parent please initial:

 drive alone only
 drive other students
 ride with a student driver
 ride with a specific driver

Driver: ____________________________

in order to participate in the described activity.

Parent/Guardian Signature ____________________________ Date __________

Pertinent Information Needed
Health Insurance Information:

Copy of Health: ( ) Company Name: ____________________________ Policy Number: ____________________________

Drivers Only: Auto Insurance Liability Coverage (Minimum must be $100,000/$300,000 OR $300,000 CSL)

Copy of License: ( ) On File ( ) Copy of Registration: ( ) On File ( ) Copy of Insurance Binder: ( )

[The insurance binder comes with your bill and is the page that lists drivers, cars and coverage amounts of your policy.]

Staff Signatures:

Instructor/School to Careers Liaison ____________________________ Date __________

Dean of Guidance, Student Services Coordinator, or Area Director ____________________________ Date __________

White: Release Approval Book (Vocational Office) Yellow: Instructor/STC Office Pink: Student (Must carry as pass)