



Work Experience – Transportation Agreement

This letter acknowledges that (student’s name) _____ will leave school grounds to participate in the LENS (Learning Employer Needed Skills) Program or to participate in paid work. We understand that our child may be driving and/or riding in a vehicle not owned by the school district. We agree to hold the West Linn-Wilsonville School District harmless for any property damage, bodily injury, or personal injury occurring while our child is in transit.

For Student Drivers Only

We hold current insurance for the vehicle described below.

Make _____ Model _____ Year _____ Color _____

Insurance Company _____ Policy Number _____

Student Signature _____

date _____

Parent Signature _____

date _____

Principal Signature _____

date _____