



TRANSPORTATION SERVICES DEPARTMENT

3101 Redding Avenue • Sacramento, CA 95820  
(916) 277-6700 • FAX (916) 277-6630

Chuck Ernst, *Director III Distribution Services*  
Linda Chastain, *Fleet Supervisor*  
Ronald E. Hill, *Fleet Supervisor*  
Kurt Schoener, *Vehicle Maintenance Supervisor*

DATE: \_\_\_\_\_

For his / her safety, I hereby give my permission to the Sacramento City Unified School District School Bus Driver and Transportation Services Department for the use of physical restraints, during the transportation of my child.

NAME OF STUDENT: _____ PARENT/GUARDIAN SIGNATURE: _____ TYPE OF RESTRAINT: _____
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11/21/06;  
07/22/09; Rev. B

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