



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 Hill, *Fleet Supervisor*
Kurt Schoener, *Supervisor Vehicle Maintenance*

Date: _____

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

Name of Student _____
Parent/Guardian Signature _____
Type of Restraint _____



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