



A Capstone Job Shadowing Experience for Career Readiness

Transportation Form

Program Duration: Start Date: _____ to June 12, 2026

I. Student & Placement Information

Student Name: _____ Student ID: _____

Business Name: _____

Address: _____

Placement Supervisor Name: _____ Phone: _____

Email: _____

Shadowing Schedule: in person remote hybrid (explain: _____)

**must total 25 hrs or more*

II. Authorized Mode of Transportation

Please check the primary method(s) the student will use to travel to and from their placement:

- Self-Driving: Student will drive a personal vehicle.
- Parent/Guardian Transport: Parent/Guardian will provide all transportation.
- Public Transportation: Student will use bus, or train.
- Walking/Biking: Student will walk or bike to the local placement.
- Carpooling: Student will ride with or transport another student. (Complete Section III)

III. Carpool Authorization (Required if Carpooling)

If the student is riding with another student or transporting another student, please provide the details below:

Designated Driver Name: _____

Passenger Name(s): _____

Parental Consent for Carpooling: I/We authorize my student to (check one): Ride as a passenger with the driver named above. Act as the driver for the passenger(s) named above. Note: Both the driver's and the passenger's parents must sign this form for carpooling to be valid.

Parent Signature: _____ Passenger Parent Signature: _____

Print Name: _____ Print Name: _____

IV. Participation & Liability Agreement

By signing below, I/we acknowledge and agree to the following:

1. Independent Travel: I understand that Fox Lane High School (Bedford Central School District) does not provide transportation for this program. All travel is the sole responsibility of the student and parent/guardian.
 2. Liability Waiver: I release Fox Lane High School (Bedford Central School District), its board members, and employees from any liability, claims, or medical expenses resulting from travel to, from, or during the shadowing experience.
 3. Insurance Primacy: I confirm that the student's or parent's personal auto insurance is the primary coverage in the event of an accident.
 4. Conduct: The student is expected to follow all school codes of conduct and local traffic laws while in transit.
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V. Signatures

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Student Signature: _____ Date: _____

Print Name: _____

Note: If you need to change your ride plan halfway through the program, you can update your status by contacting the ASPIRE coordinators for another form.

*****Once complete, this form MUST be hand delivered to one of the ASPIRE coordinators*****

DUE DATE: Monday, April 27, 2026