



**Request to Use Personal or Rental Vehicle to Transport Students
And Notice of Compliance with Board Policies 3350 & 8350**

TO: _____ (name of Principal or Department Director)

- AND** (check one) Student Services Assistant Director
 Chief of School Operations (Extended trips or tours)
 Risk Management (Doyle) – (all other)

FROM: _____ (name)

- (check one) Staff member
 Other (state relationship to district) _____

DATE: _____

I wish to transport students on: _____ (dates) / or intermittently
 for the purpose of: _____

Insurance (must be submitted/updated as needed upon renewal of policy or purchase of new policy)

I have the level of car insurance coverage required under Board Policies 3350 and 8350, that is at least \$50,000 property - \$100,000 bodily injury - liability/person - \$300,000 bodily injury - liability/accident, **and proof of insurance is attached.**

Vehicle Inspection (must be completed and submitted at least annually)

My vehicle was inspected on _____ and the car's equipment was found to be operational, safe and meets the general safe equipment standards of the Wisconsin Department of Transportation **and a Vehicle Condition Statement or the equivalent is attached.**

Alternate Vehicle Driver Information Request Form (must be submitted at least every four years)

I have completed and **have attached.**

Medical Exam (must be submitted at least every three years) NOTE: If driver is a parent volunteer and is not being reimbursed for fuel or mileage, he/she is not required to present this form.

I am submitting a statement from my doctor which verifies that I am able to exercise reasonable control over a motor vehicle, and a **Medical Verification form or the equivalent is attached.**

OR

I have submitted a statement from my doctor during the last three (3) years which verifies that I am able to exercise reasonable control over a motor vehicle.

Drivers License/driving record: (License submitted upon renewal and a DOT record at least every four years)

- I am at least 18 years of age and possess a valid Wisconsin Operator's license, **and I have attached a copy, front and back.**
 I have not been convicted of reckless driving, operating a motor vehicle while under the influence of an intoxicant or controlled substance, or any offense where my driving caused harm or injury to person or property during the past two (2) years.

(As evidence thereof, I have attached a copy of my Wisconsin DOT record.)

You can order this form by: e-mail at: www.dot.wisconsin.gov/drivers/drivers/points/abstract.htm (charge)

Phone: (608) 261-2566 (available 24 hours a day, 7 days week. (charge)

Child Car Seat/Safety seat:

I agree to use an appropriate child safety seat/booster seat for all passengers under 8 years or 80 lbs.

Signature _____ Date _____ Principal/Dept Director approving signature _____

Ed Services/Assistant Superintendent Approving signature _____

After final approval signature, please send completed copy to:

- Student Services
 Chief of School Operations (extended trips)
 Risk Management, Doyle Administration Building

MEDICAL VERIFICATION
(Of Fitness To Transport Students)
REGARDING

NAME : _____ **SCHOOL:** _____

I have determined that, in my medical opinion, _____ is not afflicted with or suffering from any mental or physical disability or disease such as to prevent _____ from exercising reasonable control over a motor vehicle with children as passengers.

Date _____

Physician Signature

Name of Physician

Print

Office Address

City/State/Zip

Phone

VEHICLE CONDITION STATEMENT

OWNER: _____ DATE OF INSPECTION: _____

ADDRESS: _____

MAKE: _____ YEAR: _____ MODEL: _____ MILEAGE: _____

I have inspected the vehicle described above and found the vehicle to be operational, safe and to meet the general safe equipment standards of the Wisconsin Department of Transportation, including, but not limited to, brakes, lights, turn signals, steering, horns and warning devices, glass mirrors, exhaust system, windshield wipers, tires and other items of equipment designated by the Department of Transportation*.

Signature of Certified Technician/Law Enforcement Officer

Name of Technician/Officer

Print

Name of Business/Agency

Address

City/State/Zip

Phone

* Automobile Equipment to be Inspected pursuant to Wis. Stats. Chap 347 and Wis. Admin. Code, Trans Ch.305 includes:

Lighting

Headlamps

Tail lamps

Registration plate lamp(s)

Stop lamps

Direction signal lamps

Back-up lamp

Hazard warning lamps

Side-marker lamps

Brakes, including parking brakes

Bumpers

Doors, hood and trunk lid with sufficient hinges & latches

Exhaust and air pollution control systems:

Muffler

Tailpipe

Floor pan Fenders

Frames

Fuel system

Horn

Mirrors

Restraining devices and seats

Airbags

Safety belts and child safety restraint systems

Head restraints

Speedometer and odometer

Steering and suspension

Windows

Vent, side and rear

Windshield, including defroster-defogger

Windshield wipers