

# WCSD 6 Activity Bus Permit Training Information/Acknowledgment Form

## Please Print

Name on driver license \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone (Personal) \_\_\_\_\_ Work \_\_\_\_\_  
District Location \_\_\_\_\_ Position \_\_\_\_\_  
Email \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Please initial after reading/watching the following required material. Your initial indicates you have read/watched and understand the state required material. Please feel free to contact the training department with any questions you may have during business hours at 970-348-6848.

### State Required Forms/Copies - 30 minutes

- \*Motor Vehicle Record Request
- \*CDE Medical Information Form
- Copy of current Drivers' license
- Copy of CDE Certificate for completion of online training
- \*CDE Certificate of Receipt and Understanding

### Study guides - Approx. 4 hours

- \*\*Colorado Department of Education Type A, Multifunction and Small Vehicle Operator Guide - 2 hours Staff Initials \_\_\_\_\_
- \*\*First Aid Study Guide - 30 minutes Staff Initials \_\_\_\_\_
- (Not necessary if you hold a First Aid/CPR card, (must receive copy))**
- Trailer towing videos watched - 30 minutes Staff Initials \_\_\_\_\_
- Pre trip video watched - 30 minutes Staff Initials \_\_\_\_\_
- Auto sock powerpoint - 30 minutes Staff Initials \_\_\_\_\_

### District Handouts - 2.10 hours

- District Policy: Student Trans. In Private Vehicles - 5 min Staff Initials \_\_\_\_\_
- Drug and Alcohol Handout/Board Policy - 10 min Staff Initials \_\_\_\_\_
- Confidentiality - 25 min Staff Initials \_\_\_\_\_
- Cell Phones/Evacuations/Board Policies - 20 min Staff Initials \_\_\_\_\_
- Triangle Placement/Accident Procedures - 20 min Staff Initials \_\_\_\_\_
- \*Job Description - 10 min Staff Initials \_\_\_\_\_
- Railroad card - 10 minutes Staff Initials \_\_\_\_\_
- Move Over Law - 30 minutes Staff Initials \_\_\_\_\_

\*Must be signed and returned

\*\*Written Test

After you have completed the above step and all forms are approved, we will contact you to schedule your pre trip and driving tests. This will take approximately 1 1/2 hours.

**My signature certifies I have received and reviewed all of the training materials initialed above.**

Name \_\_\_\_\_ Date \_\_\_\_\_

### Transportation Staff Only

CDE Written Test score \_\_\_\_\_

First Aid Test score \_\_\_\_\_

Pre trip training completed \_\_\_\_\_

Pre trip and driving test completed \_\_\_\_\_

SVP # \_\_\_\_\_

Expiration date \_\_\_\_\_

Personal restrictions per driver license \_\_\_\_\_