



**AUTHORIZATION TO DRIVE SCHOOL DISTRICT VEHICLES**  
**\*\*\*DISTRICT EMPLOYEES ONLY\*\*\***

Teachers, coaches, and other school district employees are permitted to transport students for approved school-related activities upon the request of the school principal. **The use of personal vehicles is not permitted.** Authorization to drive district vehicles must be obtained through the *Waco ISD Risk Management Office*.

**Requirements:**

1. You must be at least **21 years of age**.
2. You must complete and sign the bottom portion of this form and return it to the Waco ISD Risk Management office.
3. You must attach a photocopy of your **Texas Driver’s License** to this form. *By signing this form, you authorize Waco ISD to obtain a motor vehicle report from the Texas Department of Public Safety.*

**All requesting authorization to drive must have an acceptable driving record according to the School Bus Drivers’ Evaluation Point System developed by the Texas Department of Public Safety Texas Transportation Code Annotated §521.022 & Education Code 34.007. (Exception: A commercial drivers’ license will not be required if the driver is not driving a commercial vehicle.)**

The completion of this form and the required attachments being provided, indicate my agreement and understanding of the terms in which I am permitted to transport students for Waco ISD. It is understood that a report of my driving record will be obtained and the contents therein will be used to determine my eligibility to transport Waco ISD students or drive district owned or rented vehicles.

**It is further understood,**

**the use of a private owned vehicle IS NOT permitted for school business, or transporting students.**

<b>Employee Name</b>	<b>Campus Location/Department</b>	<b>School Year</b>
<b>Driver License No</b>	<b>DL Expiration Date</b>	<b>Date of Birth</b>
<b>Explanation of Event</b>	<b>Date(s) of Event</b>	<b>Approx Number of Students</b>

**Transport Student(s)/Drive WISD Owned/Rented Vehicle**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Campus Principal / Supervisor (Required)**

\_\_\_\_\_  
**Date**

Please return this completed form along with other documents requested to the Risk Management and Benefits Office by email or interoffice mail:  
 Email to [Benefits@wacoisd.org](mailto:Benefits@wacoisd.org).