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/completing 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 - 45 minutes

*Motor Vehicle Record Request-completed and signed Staff Initials _____

*CDE Medical Information Form-completed and signed Staff Initials _____

Doctor note if any "yes" responses

*CDE Acknowledgment of receipt of study guide Staff Initials _____

*CART/T9 acknowledgment -**copy of Certificate** Staff Initials _____

*Job Description Staff Initials _____

*6 Hour Annual District Training acknowledgment **Route only** Staff Initials _____

*Confirmation of IEP/504 student information **Route only** Staff Initials _____

Copy of current Drivers' license Staff Initials _____

Copy of CDE Certificate for completion of online training Staff Initials _____

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 (Can be printed from website) - 2 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 _____

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. I have sent copies of or signed copies of the required materials.

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 _____