



Jennifer Cheatham, Ed.D., Superintendent of Schools

**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](http://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

Student Service/Chief of School approval \_\_\_\_\_

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:

<ul style="list-style-type: none"> <li>Lighting             <ul style="list-style-type: none"> <li>Headlamps</li> <li>Tail lamps</li> <li>Registration plate lamp(s)</li> <li>Stop lamps</li> <li>Direction signal lamps</li> <li>Back-up lamp</li> <li>Hazard warning lamps</li> <li>Side-marker lamps</li> </ul> </li> <li>Brakes, including parking brakes</li> <li>Bumpers</li> <li>Doors, hood and trunk lid with sufficient hinges &amp; latches</li> <li>Exhaust and air pollution control systems:             <ul style="list-style-type: none"> <li>Muffler</li> <li>Tailpipe</li> </ul> </li> <li>Floor pan</li> </ul>	<ul style="list-style-type: none"> <li>Fenders</li> <li>Frames</li> <li>Fuel system</li> <li>Horn</li> <li>Mirrors</li> <li>Restraining devices and seats             <ul style="list-style-type: none"> <li>Airbags</li> <li>Safety belts and child safety restraint systems</li> </ul> </li> <li>Head restraints</li> <li>Speedometer and odometer</li> <li>Steering and suspension</li> <li>Windows             <ul style="list-style-type: none"> <li>Vent, side and rear</li> <li>Windshield, including defroster-defogger</li> </ul> </li> <li>Windshield wipers</li> </ul>
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