

STUDENT TRANSPORTATION IN PRIVATE OR SCHOOL-OWNED VEHICLES

Transportation of students in other than a school bus must meet all the requirements of state law.

School employees and volunteers shall be authorized to transport students in private vehicles and/or in school-owned vehicles only after the proper forms have been completed and approved by the Director of Business Services.

ADOPTED: June 23, 1980 (under policy reference EEA)
September 25, 2000 (under policy reference EEAE)

REVISED: December 19, 1983 (under policy reference EEA)
April 23, 1985 (under policy reference EEA)
July 27, 1987 (under policy reference EEA)
December 19, 1988 (under policy reference EEA)
December 17, 1990 (under policy reference EEA)

REVIEW DATE: April 23, 2012

LEGAL REF.: Wisconsin Statutes: 121.555

CROSS REF.: EEAE-E (1), Student Transportation in Other Than a School Bus
EEAE-E (2), Vehicle Inspection Form
EEAE-E (3), Medical Opinion Form

STUDENT TRANSPORTATION IN OTHER THAN A SCHOOL BUS

The district is to certify that drivers and vehicles meet certain requirements prior to transporting students in vehicles that are not school buses. The following information must be provided to the district for each employee or volunteer who will use his/her own vehicle or a school vehicle to transport nine or less passengers in addition to the driver.

NAME: _____ DATE OF BIRTH: _____

SOC. SECURITY # _____ SCHOOL: _____ DATE: _____

1. Are you at least 18 years of age? _____
2. Do you have a valid driver's license?
License Number _____
3. Do you have sufficient use of your hands and the foot normally used in the operation of a vehicle? _____
4. Have you, within the last three years, supplied a medical opinion indicating that you are not afflicted with or suffering from any mental or physical disability or disease such as to prevent you from exercising reasonable control over a motor vehicle? _____
5. Have you, within the last five years, been convicted of reckless driving, operating a vehicle under the influence of an intoxicant or controlled substance or operating a motor vehicle while operating privileges are suspended or revoked? (Your driving record will be obtained from the Department of Transportation [DOT].) _____
6. Have you, within the last five years, been convicted of homicide or injury by intoxicated use of a vehicle? (Your driving record will be obtained from the DOT.) _____

Note: The answers to questions 1 through 4 must be "yes" and numbers 5 and 6 must be "no" in order for you to be eligible to provide student transportation. Staff members and volunteers completing this form are required to report any changes in the above information that may occur after the form has been completed and approved.

Private and school vehicles may be used to transport students only if they comply with state safety and insurance requirements. An approved vehicle inspection form must be on file for each private or school vehicle used for student transportation.

I hereby authorize the School District of Jefferson to conduct work history, personal reference, or policy record inquiries to determine my acceptability for transporting students in other than a school bus. Furthermore, I release all parties from liability for any damage that may result from furnishing same to you.

Employee's/Volunteer's Signature

Principal's Signature

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DISTRICT OFFICE USE ONLY

1. Current abstract on file? _____Yes _____No If yes, date:_____
2. Current medical opinion on file? _____Yes _____No If yes, date:_____
3. Inspection form on file? _____Yes _____No If yes, date:_____
4. Criminal History/Background Check
on file? _____Yes _____No If yes, date_____

FORM(S) SUBMISSION TIMELINE:

- Medical Opinion form is required every three years.
- Student Transportation in Other Than a School Bus form is required each year.
- Personal Vehicle Inspection form is required whenever someone requests to transport student(s) in his/her personal vehicle.

FORM SUBMISSION CYCLE:

The form submission year for the above forms will run from June 1 to May 30.

Approval: _____ Date: _____
Director of Business Services

9/26/05

VEHICLE INSPECTION FORM

Complete one form for each private or school vehicle to be used. Return this form with the "Student Transportation in Other Than a School Bus" and "Medical Opinion" forms.

Vehicle Identification:

Make _____

Year _____ License Plate Number _____

Owner _____

Your signature below certifies that you have inspected the vehicle and that all required safety equipment items below, except those marked "NOT OK" are in legal operating condition. Only vehicles meeting all of these safety requirements may be used for transporting students.

		<u>CHECK ONE</u>	
NOT OK	OK	NOT OK	OK
_____	_____	_____	_____
	Head lamps		Parking lamps
_____	_____	_____	_____
	Directional lamps		Flashing warning lamps
_____	_____	_____	_____
	Sidemarkers lamps & reflectors		Tail lamps
_____	_____	_____	_____
	Back up lamps		Brake lamps
_____	_____	_____	_____
	Steering system		Suspension system
_____	_____	_____	_____
	Bumpers and fenders		Hood & trunk latches
_____	_____	_____	_____
	Door latches and locks		Tires
_____	_____	_____	_____
	Exhaust system		Fuel system
_____	_____	_____	_____
	Windshield		Windows: Vent, side, rear
_____	_____	_____	_____
	Windshield wipers & washers		Windshield defroster/defogger
_____	_____	_____	_____
	Horn		Mirror
_____	_____	_____	_____
	Speed indicator		Odometer
_____	_____	_____	_____
	Restraining devices & seats		Brakes
_____	_____	_____	_____
	Parking brake		Floor and trunk pans

Yes _____ No _____ Are all seats permanently mounted and facing forward?

Yes _____ No _____ If the vehicle is a private vehicle, does the vehicle have insurance coverages of at least:
 \$100,000 property damage
 \$300,000 bodily injury liability, each person (subject to the limit for each person)
 \$100,000 bodily injury, each accident

Date of Inspection: _____

Signed: _____

9/25/00

MEDICAL OPINION FORM

An employee or volunteer wishing to transport students in vehicles other than a school bus must submit a medical opinion to the school indicating that he/she is not afflicted with or suffering from any mental or physical disability or disease as to prevent him/her from exercising reasonable control over a motor vehicle.

It is my opinion that _____ is not afflicted with or suffering from any mental or physical disability or disease such as to prevent him/her from exercising reasonable control over a motor vehicle.

Physician

Date

9/25/00