

WATERTOWN UNIFIED SCHOOL DISTRICT



Application to transport students using a personal vehicles or a district owned vehicle

Any **WUSD Staff or Volunteer** who wishes to use a personal vehicle or a district owned vehicle to transport students must fill out this application.

Once filled out please scan:

1. **This Application**
2. **Verification of his/her current motor vehicle insurance policy.**
3. **Vehicle Inspection Form**

Send via email to your building principal and the business department wesemanna@watertown.k12.wi.us.

Once received, notification of approval/denial will be given by the business department.

Contact Information

| | |
|-----------------|----------------------|
| Name: | Date of Birth: |
| Street Address: | City/State/ Zip: |
| Phone No: | Driver's License No: |

Reason for Driving:

- (1) I give my consent for WUSD to obtain and review my driving record with the State of Wisconsin Department of Transportation to determine that I am approved to drive WUSD students. In addition, I understand that WUSD will monitor my driving record through the Department of Transportation on-line information service.
- (2) I will not transport more than eight (8) persons, including the driver, per vehicle on any field trips, extracurricular trips or excursions, or for any other school-related reason. I understand that I may not transport more persons that can be seated on permanently mounted seats facing forward without interfering with the operator.
- (3) I have an active insurance policy covering the automobile which I use for transporting students. This policy is no less than \$50,000 coverage of property damage, \$100,000 coverage for bodily injury liability for each person and \$300,000 of total coverage of each accident.
- (4) When driving my personal vehicle, I understand my automobile must be in compliance with s. 110.075, Chapter 347, of the rules of the Wisconsin Department of Transportation. The vehicle cannot be manufactured more than 20 model years or cannot be homemade, street modified, or replica vehicle.
- (5) I have complete control of both hands and feet to operate the vehicle.
- (6) I am at least 18 years of age.
- (7) I have a valid Wisconsin operator's license and will submit the driver's license number on this form.

With my signature of this document, I understand and agree to the stipulations included in items one through seven above. By signing this form, I am also acknowledging that WUSD will have on-going access to my driving record. If, at any time, I am no longer in compliance with any or all of the above mentioned requirements, I will notify the building principal and will no longer transport students.

WUSD Staff or Volunteer Signature

| | |
|--|------|
| | Date |
|--|------|

Approved by: Director of Business Services

| | |
|--|------|
| | Date |
|--|------|

WATERTOWN UNIFIED SCHOOL DISTRICT

Vehicle Inspection Form



Complete one form for each private vehicle to be used. Return this form with the "Application to transport students using a personal vehicle".

Owner:

Vehicle Identification:

Make:

Year:

License Plate No.

Your signature below certifies that you have inspected the vehicle and that all required safety equipment items below are in legal operating condition. Only vehicles meeting all of these safety requirements may be used for transporting students.

Legally Operating Condition: (check the box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Head lamps | <input type="checkbox"/> Windshield wipers & washers | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Directional lamps | <input type="checkbox"/> Horn | <input type="checkbox"/> Fuel System |
| <input type="checkbox"/> Side marker lamps & reflectors | <input type="checkbox"/> Speed Indicator | <input type="checkbox"/> Window: vent, side , rear |
| <input type="checkbox"/> Back up lamps | <input type="checkbox"/> Parking lamps | <input type="checkbox"/> Windshield defroster/defogger |
| <input type="checkbox"/> Steering system | <input type="checkbox"/> Flashing warning lamps | <input type="checkbox"/> Mirror |
| <input type="checkbox"/> Bumper and fenders | <input type="checkbox"/> Tail lamps | <input type="checkbox"/> Odometer |
| <input type="checkbox"/> Door latches and locks | <input type="checkbox"/> Brake lamps | <input type="checkbox"/> Parking Brake |
| <input type="checkbox"/> Exhaust System | <input type="checkbox"/> Suspension system | <input type="checkbox"/> Floor and Trunk Pans |
| <input type="checkbox"/> Windshield | <input type="checkbox"/> Hood & trunk latches | |
| <input type="checkbox"/> Restraining devices and seats | <input type="checkbox"/> Brakes | |

WUSD Staff or Volunteer Signature

Date of Inspection: