

## McFarland School District - Driver Form

This form must be completed and returned to the District Office at least **36 hours** prior to transporting students.

A driving record check, insurance verification, and background check are required prior to transporting students or employees in privately owned vehicles or vehicles owned by the McFarland School District. **Only employees of the McFarland School District are allowed to drive vehicles owned by the McFarland School District.**

I will be using my own vehicle to transport students

I will be using a McFarland School District owned vehicle

Purpose: \_\_\_\_\_  
(Please let us know why you need to transport students)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Cell Phone Number: \_\_\_\_\_ Personal Driver License Number: \_\_\_\_\_

Year and make of vehicle used (if applicable): \_\_\_\_\_ License number of vehicle (if applicable) \_\_\_\_\_

Private/Personal vehicles must conform to registration requirements of the state. No driver under the age of 21 is allowed to transport students.

**Insurance coverage requirements for use of personal vehicle: Copy of Insurance card is required**

*\$500,000 Combined Single Limit (CSL) for bodily injury and property damage liability.*

*\$500,000/\$500,000 for bodily injury*

*\$100,000 for property damage*

I have the above insurance coverage on this vehicle:

Signature \_\_\_\_\_

### District Policy 8660 – Transportation by Private Vehicle

The School Board authorizes the transportation by private vehicle of students of the District. Any such transportation must be approved in advance by the Principal in accordance with the District Administrator's administrative guidelines. The parent of the participating student will be given, on request, the name of the driver and the description of the vehicle.

No person shall be approved for the transportation of students in a private vehicle who is not a staff member of this Board, an approved volunteer, and/or the parent of a student enrolled in this District, and the holder of a currently-valid license to operate a motor vehicle in the State of Wisconsin, and has signed the form provided by the District. No person shall be permitted to transport students who are not the holder of automobile liability and personal injury insurance in the amount required by District administrative guidelines. The District Administrator may withdraw the authorization of any private vehicle driver whose insurance is not adequate.

Any private vehicle used for the transportation of students must be owned by the approved driver or the spouse of the approved driver and must conform to registration requirements of the State.

The responsibility of professional staff members for the discipline and control of students will extend to their transportation of students in a private vehicle. Drivers who are not professional staff members are requested to report student misconduct to the principal. Expenses incurred by drivers of private vehicles in the course of transporting students will be reimbursed by the Board at the approved mileage rate and upon presentation of evidence of costs for tolls and parking fees. 121.52, 121.53, Wis. Stats.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE BACKGROUND CHECK AUTHORIZATION ON THE REVERSE SIDE OF THIS FORM**

For Office Use Only

Driver Record Check Completed on: \_\_\_\_\_ by: \_\_\_\_\_

Background Check Completed on: \_\_\_\_\_ by: \_\_\_\_\_

Copy of Insurance Card Received (if applicable)  Employee Notified of approval or denial

This form is valid for 1 year – Expiration Date: \_\_\_\_\_

## BACKGROUND CHECK FORM

The McFarland School District has the responsibility to keep the safety of its school children and community in check. This responsibility necessitates a Background Check on employees, parents, and volunteers who transport students in private vehicles or vehicles owned by the McFarland School District. Failure to complete this form accurately and completely may disqualify you from receiving approval to transport students. All convictions\* that occur subsequent to the time this form is completed must be reported.

\* *Conviction* is defined as the final judgement of a verdict or a finding of guilty, plea of guilty, or a plea of nolo contendere in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. *Conviction* does not include a final judgement which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Name: \_\_\_\_\_  
Last
First
Middle

Other Name(s) Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Location: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted\* of or do you presently have pending any violations of the law other than minor traffic violations? (In accordance with state law, convictions or pending charges will not be used or considered unless they are substantially related to circumstances of safe transportation of students).

NO  YES If yes, please complete the section below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

### CONVICTION INFORMATION

1. Conviction Charge:		Date of Conviction:	Court of Conviction:
City:	State:	Amount of Fine:	Length of Jail Term:
Remarks:		Length & Terms of Probation:	
2. Conviction Charge:		Date of Conviction:	Court of Conviction:
City:	State:	Amount of Fine:	Length of Jail Term:
Remarks:		Length & Terms of Probation:	

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the McFarland School District. I understand that I am not authorized to transport students in a private vehicle or vehicle owned by the McFarland School District until the background check is completed.

I certify that the answers given by me in this document are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respects if I am not authorized to transport students because of false statements, answers of omission made by me in this document. In consideration of the school district's review of this document, I hereby release the District as well as all providers of information from any liability and any damage which may result from the furnishing and receiving of this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_