

MUSKEGO-NORWAY SCHOOL DISTRICT

APPLICATION FOR APPROVAL TO TRANSPORT STUDENTS IN OR USE OF AN ALTERNATE VEHICLE

Name: _____ Date: _____

Address: _____ Telephone No.: _____

City, State, Zip: _____ Cell Phone No: _____

Reason(s) for request:

- ▶ Co-curricular Coach/Asst. Coach for _____
 - ▶ Parent driving for _____
 - ▶ District Employee driving for _____
 - ▶ Other reasons for driving are _____
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The following documents **must** be attached to this application:

- ▶ Photocopy of your current Wisconsin Driver's License (**DO NOT FAX - picture and information MUST be legible**).
- ▶ Current proof of insurance information to substantiate the following:
 - Minimum required coverage limits of:
 - \$100,000 Property Damage
 - \$100,000 Bodily injury per person
 - \$300,000 Bodily injury each accident
 - Current dates of coverage
 - An insurance card is not sufficient. Please contact your insurance agent. Often an insurance provider can provide an "Insurance Declarations Page" that outlines coverage limits.
- ▶ A physician's note indicating you are medically able to drive a vehicle and that you are not afflicted or suffering from any medical or physical disability or disease which could prevent you from exercising reasonable control of a vehicle. Please contact Michelle Wikel in Human Resources at 262-971-1800 x 2118 if you have questions.
- ▶ Completed Disclosure Statement allowing the District to perform a criminal background check.

In signing this document you agree to the following terms and conditions:

I understand that the district will conduct a check of my driving record through the Wisconsin Department of Transportation and that I could be denied registration with the district to transport students based on my driving record.

I understand that the motor vehicle used for transporting students must have a working seat belt for each student and/or chaperone. Passengers must be restrained at all times. The vehicle must be safe and properly maintained. I agree to a safety inspection by the Wisconsin State Patrol, if I am requested to do so.

I understand that I am responsible for updating my information at the district office as it expires or changes. If I fail to do so, I will be removed from the list of registered drivers and all documentation provided will be destroyed.

Applicant Signature

Date

Contact Info: Michelle Wikel, HR Generalist
Phone: 262.971.1800 x2118
Email: michelle.wikel@muskegonorway.org