

Issaquah School District
 Field Trips, Excursions and Athletic Events

Issaquah School District #411

Authorization to Transport Students - Staff Request

All district personnel, other than bus drivers, who transport students for school sponsored activities, must have this form approved by their building administrator prior to transporting students. A new form must be completed and approved each school year. This annual authorization form will remain on file with the building administrator or designee consistent with district policy and procedures 6625 and 6625P.

Name of Employee: _____

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

Auto Insurance Policy: _____ Policy Number: _____

Expiration Date: _____ Insurance Agent: _____ Phone Number: _____

Check YES or NO:

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

	I am at least 21 years of age
	I have a valid Washington State driver's license
	I have a current first aid certification
	I have a current CPR certification
	I carry minimum auto liability limits of 300 000 per occurrence combined single limit of liability or 100 000 per person 300 000 per accident bodily injury 50 000 per accident Property Damage and uninsured motorist coverage.
	I understand that if I am involved in a motor vehicle accident while driving my personal vehicle on school related business that my personal auto insurance policy will be considered the primary insurance coverage, and any and all claims will be submitted to my personal insurance carrier for payment.
	I certify that my vehicle has no known mechanical defects and no known safety deficiencies.
	I certify that all occupants, including both the driver and passengers, of any vehicle that I use to transport students, will be required to individually wear a seat belt. If the vehicle I am driving to transport students is equipped with a passenger side air bag, I will not allow any student to ride in the front passenger seat if they are less than 12 years old or weigh less than 100 pounds.
	I understand that I may only transport students in vehicles with a rated capacity of 10 passengers, including the driver or less. Any vehicles with a greater than 10 passenger rated capacity are prohibited.
	I agree to report to the building administrator regarding any and all accidents, regardless of how minor, that I am involved in while transporting district staff, volunteers or students.
	I understand that my driving privileges are revoked if I receive any type of moving violation or if my driving record changes in any way during the course of the school year that I am to notify my building administrator within 48 hours of any occurrence.
	I certify that I have no known medical condition that would adversely affect my ability to safely transport students in a motorized vehicle.
	I have had a moving [vehicle] violation(s) within the last three (3) years. (If "YES" list violation and date)

VIOLATION:

DATE:

Please note that no person shall be authorized to operate a district motor vehicle and/or transport students for the Issaquah School District, if in the preceding three (3) year period has been convicted or cited by lawful authority for the following:

1. DUI/DWI
2. Deferred prosecution
3. Negligent driving
4. Reckless driving
5. Open container violation
6. Speeding (11 MPH or more excess)
7. Violating licenses restrictions
8. Possession of illegal drugs
9. More than two citations in a 3-year period
10. Suspended license-moving/admin action
11. Failure to appear
12. Vehicular homicide
13. Vehicle assault
14. Road rage
15. Hit and run driving
16. Other citations (as deemed appropriate)

Pursuant to RCW 9A.72.085 I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____

Before submitting this for approval, please attach a photocopy of your current driver's license, CPR and First Aid Card and proof of insurance.

FOR BUILDING ADMINISTRATOR USE ONLY:

This employee meets all of the criteria outlined above:

YES

NO

This employee's application is:

APPROVED

DENIED

Justification for decision:

Signature of Administrator: _____ Name/Title: _____

C: Risk Management Pool