

*** * *** Please attach a copy of:
*** your drivers license**
*** proof of insurance**

Lake Washington School District No. 414
P.O. Box 97039, Redmond, WA 98073

**AUTHORIZATION FOR USE OF PRIVATE AUTO FOR
STUDENT TRANSPORTATION**

VEHICLE OWNER'S PERMISSION

I hereby authorize the use of my vehicle for transporting students for the following purpose/activity:

on _____ or the period from _____ to _____

Name of Driver: _____

Vehicle Year/Make Model: _____ Lic #: _____

Please respond to each item with a "YES" or "NO" answer:

YES/NO

_____ I am older than 21 years of age.

_____ I have a valid Washington State driver's license.

License #: _____ Expiration date: _____

_____ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have, please list: _____

_____ I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage.

Company: _____ Policy #: _____

_____ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and that my insurance is primary.

Signature of Driver and/or Registered Owner* Date

(*If the registered owner is under the age of 18, a signature of the parent is required).

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SCHOOL DISTRICT VOLUNTEER DRIVER CHECKLIST

Vehicle Inspection:

Please respond to each item with a "YES" or "NO" answer.

YES/NO

- _____ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by everyone in the vehicle.
- _____ I agree to transport any child who is less than 6 years of age and/or less than 60 pounds in a child passenger restraint system that meets Federal Motor Vehicle Safety Standards.
- _____ If my vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.
- _____ My vehicle's brakes, including the emergency brake, are in good working order.
- _____ My vehicle's tires have a legal tread depth (at least 3/32").
- _____ My vehicle's brake lights, turn indicators, and headlights are in good working order.
- _____ My vehicle's windows are clear and provide an unobstructed view for the driver.
- _____ My vehicle has functioning rear view mirrors (center and left side).
- _____ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
- _____ My vehicle has a rated capacity of ten passengers or less.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

Administrative Review:

- _____ If the volunteer will drive for more than one day, the district may obtain the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Licensing.
- _____ If the volunteer will drive for more than one day and will have unsupervised student contact, the district may obtain the information to order a Washington State Patrol background information check.
- _____ All students have parental permission to ride with a volunteer driver.
- _____ All "NO" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Administrator/Designee

School

Date