

**OCONOMOWOC AREA SCHOOL DISTRICT**

**RELEASE - TRANSPORTATION OF STUDENTS OR ANY OTHER APPROVED PURPOSE USING OASD OR PERSONAL VEHICLES**

All **OASD STAFF** members who wish to use Oconomowoc Area School District (OASD) vehicles or personal vehicle for transport of students or any other approved purpose must fill out this driver's abstract form online. Go online, click on Staff Login, click on Vehicle Requests. Fill out the online Driver's Abstract form and submit.

All **COMMUNITY MEMBERS** who wish to use Oconomowoc Area School District (OASD) vehicles or personal vehicle for transport of students or any other approved purpose must have this form on file.

\_\_\_\_\_  
Driver's Name (print or type)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Reason for Driving

1. I give my consent for OASD to obtain and review my driving record with the State of Wisconsin Department of Transportation to determine that I am approved to drive OASD students and/or vehicles. In addition, I understand that OASD will monitor my driving record through PARS, 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 than can be seated on permanently-mounted seats facing forward without interfering with the operator.
3. When driving a school vehicle, OASD's auto insurance is primary. This rule applies whether or not the driver is an OASD employee. I have an active insurance policy covering the automobile which I will use for transporting the students. This policy is no less than \$50,000 coverage for 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 that I must submit a Certificate of Vehicle Inspection of my automobile for each year in compliance with s.110.075, Chapter 347, of the rules of the Wisconsin Department of Transportation.
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 (Community Member) or online (OASD Staff).

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 OASD 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.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date