

White River Valley Supervisory Union  
First Branch Unified School District  
Granville-Hancock Unified Union School District  
Rochester-Stockbridge Unified Union School District  
Sharon School District  
Strafford School District  
White River Unified District

March 10, 2021

**Use of Personal Vehicle for Student Transportation Procedures**

White River Valley Supervisory Union (WRVSU) staff members may use their personal motor vehicle to transport students when it is the most appropriate, practical transportation mode, such as for local field trips, student work based learning, life skills experience, or if school vehicles or contracted transportation providers are not available. **Parent or guardian permission form is required along with a completed Employee Driver Checklist Form.**

1. An Employee Driver Checklist Form must be completed and approved by the Principal at each school before an employee may transport a student. The Employee Driver Checklist Form, with required documentation attached and parent permission form, will be filed in the Principal's office. Forms must be updated annually.
2. WRVSU employees providing student transportation must, at all times, maintain personal automobile insurance (not reimbursable) at limits of at least \$100,000 per occurrence/\$300,000 aggregate.
3. All WRVSU employees will have appropriate background checks.

### Employee/Volunteer Driver Checklist

**Trip Information:**

**Date submitted:** \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 School \_\_\_\_\_  
 Date of Trip \_\_\_\_\_  
 Trip destination \_\_\_\_\_  
 Trip start location \_\_\_\_\_  
 Total # of passengers \_\_\_\_\_  
 Total # of students \_\_\_\_\_

**Driver Screening/Insurance Requirements:**

Driver Name	_____
Year/Make/Model of vehicle to be used	_____
License #	_____
Expiration date of license	_____

*Please respond to the following questions with a "Yes" or "No" answer:*

Yes/No*?	
	I am older than 21 years of age.
	I have a valid Vermont State driver's license. Please attach copy.
	I have had no vehicle moving violations or at-fault accidents within the last 3 years.
	I have never been convicted of any crimes against children or other persons.
	I carry auto liability limits of at least \$100,000 per person / \$300,000 per accident (bodily injury) & \$50,000(property damage) or \$300,000 combined single limit. Please attach Certificate of Insurance.
	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 insurance coverage will be primary.
	I agree to report to the school principal (or designee) any and all accidents, regardless of scope, that I am involved in while transporting district staff, volunteers or students.



**LEGAL** **EVALUATION** **ERGONOMICS** **STRATEGY** **AUDIT** **INSPECTIONS** **TRAININGS** **REMEDIAATION** **GRANTS** **DE-ESCALATION** **ERGONOMIC ASSESSMENTS** **FALL PREVENTION** **COST SAFETY** **SECURITY** **PLAYGROUNDS** **RISK** **MANAGEMENT** **DO'S & DON'TS** **METHOD**

**VSBIT**

**HUMAN FMLA RESOURCES**

## Vehicle Inspection:

Please respond to the following questions with a "Yes" or "No" answer:

Yes/No?	
	There is a working seatbelt for the driver and each passenger, and I will enforce the wearing of seat belts by all occupants.
	My vehicle's brakes, including the emergency brake, are in good working order.
	My vehicle's tires have 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.
	If my vehicle has dual airbags, I will not seat children under the age of 12, or smaller individuals in the front passenger seat.
	I agree to use booster seats as applicable. (Under the age of 8)
	I agree to not smoke while transporting students

### Please detail any "No" answers:

To the best of my knowledge, the information provided on this form is both true and accurate.

\_\_\_\_\_  
Signature of Employee/Volunteer Driver

\_\_\_\_\_  
Date

### Administrative Review:

	All appropriate background checks have been performed and reviewed.
	All students have parental permission to ride with the employee/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 School Administrator/Designee

\_\_\_\_\_  
Date



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**Use of Personal Vehicles to Transport Students**

Your son/daughter has been invited to participate in a field trip. This field trip will take place under the guidance and supervision of \_\_\_\_\_ from the White River Valley Supervisory Union. The following permission slip must be signed by a parent/guardian and returned to the school prior to the field trip. Verbal permission by phone **is not acceptable.**

**Field trip to:**

**Date & time of departure from school:**

**Date and time of return to school:**

**Method of transportation: Personal Staff Vehicle**

**Other information:**

I hereby give permission for my child \_\_\_\_\_ to attend the above listed field trip and be transported by \_\_\_\_\_'s personal vehicle. I understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school sponsored or otherwise, which are not foreseeable or reasonably within the control of the supervising teachers and staff (including parent volunteers). In such instances, we agree that the White River Valley Supervisory Union and the supervising teachers and staff (including parent volunteers) are not to be held legally responsible in the event of accident or injury. We hereby waive and release any claim against the White River Valley Supervisory Union and the supervising teachers and staff (including parent volunteers) for any injuries suffered by my child during the above listed field trip and will hold the White River Valley Supervisory Union and the supervising teachers and staff (including parent volunteers) harmless from any costs, liability, damages or expenses related to the trip.

**Further, in the event of an emergency, we give permission for the school to call emergency medical personnel to transport the student to the nearest medical facility and to authorize emergency treatment. We will assume full responsibility for all charges related to the above.**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Telephone/Home and Emergency**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Print Parent/Guardian Name**