

# Request To Transport Students

Prior to the actual transportation of students on behalf of the Franklin Public Schools, a driver's information records check will be made through the appropriate authorities. If violations are on record that might represent a danger to the health, safety, and welfare of students or other persons, the request to drive will be denied. **Section "B"**

Complete Sections A, B & C if you will be transporting students using a school owned vehicle.

Complete Sections A, B, C & D if you will be transporting students using a personal and/or a school owned vehicle.

Send completed forms to Business Services for approval.

## Section A

**Section "A" must be provided to the District every three years.**

**If you plan to transport students for school district sponsored functions using a district vehicle, you must agree to the following conditions:**

- I am an adult at least 21 years of age.
- I will provide a copy of a valid driver's license to be kept on file at the District Office.
- I will transport no more persons than the number of seat belts available. Each occupant of the vehicle is required to wear a seatbelt.
- I will report to the district the next business day: a traffic accident, suspension and/or revocation of my operator's license.

**and/or if using a personal vehicle:**

- I will obtain the principal/supervisor's signature below, prior to having my vehicle inspected.
- I will verify that my vehicle is in good working condition prior to each trip.
- I will provide a **Certificate of Insurance** to be kept on file at the District Office. *(To obtain the certificate, contact your insurance agent.)* Amount of coverage required when transporting using a personal vehicle: **\$250,000/\$500,000 Bodily Injury and \$100,000 Property Damage or \$500,000 Combined Single Limit.**

**I have read the above conditions and agree to all.**

**By signing below, I hereby assume all the risk associated with my driving activities.**

Name	Phone
Email	
<input type="checkbox"/> Coach <input type="checkbox"/> Teacher <input type="checkbox"/> Parent/Volunteer <input type="checkbox"/> Other:	
Reason for Transporting - Activity/Sport:	School
Driver's License Number	
Signature of Driver	Date
Signature of Principal/Supervisor	Date

The driver must **not** be afflicted with or suffering from any medical or physical disability or disease that might affect the safe operation of a motor vehicle. A physician's signature is required **and must be submitted every 3 years**.

**If your health insurance will not cover this visit, please call 414-525-7613 for instructions.**

This is to certify that the requestor has met the above physical requirements that will provide for the safe operation of a motor vehicle.

Physician's Name (print)	Physician's Signature	Date
Address	Phone	

Business Services will process the motor vehicle records check, Section "B". Based upon the outcome of the records check, the request to transport will be approved or denied. The District reserves the right to request random checks of your driving record.

<b>For Office Use Only</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Initials	_____ Date
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## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **Franklin Public Schools** for the purposes of Driver and Fleet Safety. You are released from any and all liability that may result from furnishing such information.

Please furnish the three-year driving record for the driver listed below.

Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

Former Address \_\_\_\_\_

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

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

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

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act (Public Law #91-508) and Section 2724 of the Federal Driver Privacy Protection Act (Public Law #103-322), I hereby certify that the information requested above will be used for a "permissible purpose" as defined in the Acts, and that the information received will be used for no other purpose.

2. I further certify that if the applicant named above is denied or loses employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Name/Address of Requestor: Debra J. Turnquist, Administrative Assistant  
Franklin Public School District  
8255 West Forest Hill Avenue  
Franklin WI 53132-9705

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

# Section C

## Franklin Public School's Request for Background Check -Volunteers Only-

**Important:** You do not need to complete this section if you are a Franklin Public School employee.

Date				
Name			Birthdate	
Address		City	State	Zip
Phone	Cell Phone		SS#	
Other names used and dates of usage				

### ◆ DISCLOSURE STATEMENT

The tremendous responsibility that the Franklin Public School District has to its school children and community necessitates gathering the following information. Your responses will not prohibit involvement; however failure to complete this form accurately and completely may mean disqualification from consideration for involvement or may be cause for removal if involved. You must report changes in information that occur subsequent to the time you initially completed this form. Provide all the information requested before the first day of volunteering.

### ◆ GENERAL INFORMATION

1. Have you ever been dismissed or asked to resign from any position?  Yes  No  
If yes, please explain fully and include the state in which it happened.

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2. Have you ever been found guilty of any crime or pleaded guilty or no contest to any crime, including any ordinance violation? Or do you presently have any pending violations of law? (Exclude traffic violations resulting in fines of less than \$100.00)  Yes  No  
If yes, please explain fully and include the state in which it happened.

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### ◆ READ AND SIGN

My signature below authorizes the school district to conduct a background investigation and authorizes release of information. This investigation may include such information as criminal or civic convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records, and other appropriate sources. I waive my right of access to any such information, and with or without limitation hereby release the school district and the reference source from any liability in connection with its release use. This release includes the sources cited above and specific examples as follows: the local Police Chief or Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other state Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds to deny my application to volunteer for Franklin Public Schools.

A background check must be repeated every four years.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	Person Admin Check	_____	_____
		Signature	Date

# Section D

Section "D" must be provided to the District every 12 months.

1. Prior to having your vehicle inspected you must:
  - a. obtain the principal/supervisor's signature, Section "A".
  - b. provide Business Services with a Certificate of Insurance showing that you have the required amount of insurance coverage. To obtain the certificate, contact your insurance agent.
2. If you will be using a personal vehicle to transport students, your vehicle is required to go through a safety inspection. Franklin Public Schools has made arrangements for you to take your vehicle to:
  - **Holz Motors**, 5961 S 108th Place, Hales Corners, WI 53130 (Please call to schedule an appointment, 425-2400)
 The service center will mail the invoice directly to Business Services. If you decide to take your vehicle to another location for inspection, the District will reimburse up to \$30. For reimbursement, submit to Business Services a Check Request form with your receipt attached.
3. The service center must complete and sign the bottom portion of this page.
4. Return this completed form to Business Services.

## TO BE COMPLETED BY THE SERVICE CENTER

**Safety Parameters** ▶ Brake Pad Measurements: 2mm - 5mm need replacement, 6mm - 7mm need replacement soon, 8mm+ are OK

**Safety Parameters:** ▶ Tire Tread Depth Measurements: 4/32 or less needs replacement, 5/32 - 7/32 replace soon, 8/32+ are OK

Vehicle Owner's Name \_\_\_\_\_

License Plate Number \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_

		Pass		Needs Repair
		Ok	Marginal	
<b>Brakes (Service)</b>				
	Failure indicator light			
	System integrity			
	Pedal reserve			
	Hoses and assembly			
	Disc and drum condition			
<b>Suspension (Front)</b>				
	Shock absorbers			
	Spring			
	Shackles			
	Modifications			
<b>Steering</b>				
	Lash			
	Free turning			
	Lineage play			
	Power system			
<b>Lights (Turn Signal)</b>				
	Operational			
<b>Lights (Head/Tail/Stop)</b>				
	Operational			
<b>Horn</b>				
	Operational/audible			
<b>Windows/Windshield</b>				
	Cracks/chips			
<b>Wipers/Wiper Blades</b>				
	Operational			
	Contact (blades)			
	Condition (blades)			
<b>Seat Belts (all)</b>				

		Pass		Needs Repair
		Ok	Marginal	
<b>Tires (L. Front)</b>				
	Tread depth			
	Matching			
	Condition			
<b>Tires (R. Front)</b>				
	Tread depth			
	Matching			
	Condition			
<b>Tires (L. Rear)</b>				
	Tread depth			
	Matching			
	Condition			
<b>Tires (R. Rear)</b>				
	Tread depth			
	Matching			
	Condition			
<b>Wheel (L. Front)</b>				
	Mounting/cracks			
<b>Wheel (R. Front)</b>				
	Mounting/cracks			
<b>Wheel (L. Rear)</b>				
	Mounting/cracks			
<b>Wheel (R. Rear)</b>				
	Mounting/cracks			
<b>Exhaust System</b>				
	Leaks			
	Legal muffler			
	Tailpipe			
<b>Service Center</b>				

- Vehicle meets standard safety inspection.  
 Vehicle does not meet standard safety inspection.

Inspector's Signature	Printed Name	Date
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