

Application for Permission to Drive Vehicles on Behalf of the Iola-Scandinavia School District

Completion of this form is required before driving a vehicle on behalf of the district (of any kind, whether owned by the district, a rental company, or you). You must be at least 18 years of age to operate a vehicle on behalf of the district. The application references guidelines established in WI Statutes Section 121.555.

Legal Name _____ (Last) _____ (First) _____ (Initial) _____ DOB _____

Driver's License Number _____ State _____

Any Restrictions on License? (Describe) _____

Please answer the following questions and sign below:

	<u>Yes</u>	<u>No</u>
1. Do you possess a valid operator's license? (Number shown above)	_____	_____
2. The type of vehicle being driven (van, car, bus) _____	_____	_____
3. Have you driven this type of vehicle before?	_____	_____
4. Are you familiar with its safe operation?	_____	_____
5. Do you have sufficient use of both hands and the foot normally used to operate a foot brake/foot accelerator, as required by the Dept. of Transportation?	_____	_____
6. In the past 3 years, have you been afflicted with or suffering from any mental or physical disability or disease that would prevent you from exercising reasonable control over the motor vehicle?	_____	_____
7. Within the past 2 years, have you been convicted of reckless driving?	_____	_____
8. Within the past 2 years, have you been convicted of operating a motor vehicle while your operating privileges were suspended or revoked?	_____	_____
9. Have you ever been convicted of operating a motor vehicle while under the influence of illegal drugs or alcohol?	_____	_____
10. Do you understand, and are you willing to accept responsibility for the safe passage of the students in the vehicle you are driving?	_____	_____
11. Do you agree to operate the vehicle in a safe manner and in accordance with WI laws?	_____	_____
12. If you are driving your personal vehicle, do you have an auto liability insurance policy which meets the minimum requirements of the State of WI?	_____	_____

Personal Vehicle Information

Type, Year, Make, and License Number of Vehicle:

Vehicle Owner: _____ Driver _____

Owner Address/Phone _____

Signature of Driver _____ Date _____

Application Received By _____ Date _____