



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

REQUEST FOR AUTHORIZATION TO USE SCHOOL VEHICLE FOR SCHOOL USE AND/OR TO TRANSPORT STUDENTS

ORGANIZATION INFORMATION

Organization/Club Name:

Organization/Club Supervisor:

DRIVER INFORMATION

Full Name:

Phone Number:

Address:

City:

St:

Zip:

Driver's License #:

Attach a copy of driver's license.

Initial

1. I possess a valid WI operator's license.
2. I am at least 21 years of age.
3. I have sufficient use of both hands and the foot normally employed to operate the foot brake and accelerator.
4. I have not been convicted of reckless driving; driving while under the influence of an intoxicant or of a controlled substance; or any offenses enumerated under s 343.31, within the last three (3) year period.

Signature:

Date:

Volunteers must complete and submit a Volunteer Application in addition to this request.

TRANSPORTATION DIRECTOR'S APPROVAL/DENIAL

I have reviewed the above named person's motor vehicle record. The above named person is in compliance with Board Policy 552 and its implementing guidelines. I authorize this applicant to transport students.

Request Denied

Transportation Director's Signature:

Date: