



FAYETTE COUNTY PUBLIC SCHOOLS

VOLUNTEER DRIVER CHECKLIST

TRIP INFORMATION

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

DESTINATION: _____

FROM: _____

MAXIMUM #. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE: _____

DRIVER SCREENING/INSURANCE REQUIREMENTS

NAME OF DRIVER: _____

VEHICLE YEAR/MAKE/MODEL: _____ LIC #: _____

Please respond to each item with a yes or no answer.

YES/NO

_____ I am older than 21 years of age.

_____ I have a valid Commonwealth of Kentucky driver's license.

License #: _____

Exp. Date: _____

_____ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have had any, please list:

_____ I have never been convicted of any crimes against children or other persons.

_____ I carry minimum auto liability limits of \$500,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.

Company: _____

Policy #: _____

_____ 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 my insurance is primary.

(Continued)

VEHICLE INSPECTION

Please respond to each item with a yes or no answer.

YES/NO

_____ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.

_____ 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 12 or small persons in front passenger seat.

_____ I agree to use booster seats/car seats when required by the Commonwealth of Kentucky state law. The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

_____ Signature of Volunteer Driver

Date

ADMINISTRATIVE REVIEW

_____ If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle record (MVR) check (three-year comprehensive record) from the Department of Licensing.

_____ If the volunteer will drive for more than one day and will have unsupervised student contact, the district has obtained the information to order a Commonwealth of Kentucky background information check.

_____ All students have parental permission to ride with a 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 Administrator/Designee

Date

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street
Lexington, Kentucky 40502
(859) 381-4100

**PARENTAL PERMISSION FOR
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION**

This form is used to establish formal parental permission for student transportation.

I, _____, parent/legal guardian of _____,
hereby grant permission to Fayette County Public Schools to transport my child to the activities listed on the attached schedule. My child participates in the extra-curricular activity of _____ at _____ School. I acknowledge the attached activity schedule denotes the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to be used. I do further certify that I am of full legal capacity to execute this authorization.

Date: _____

PARENT/LEGAL GUARDIAN