

Name \_\_\_\_\_  
circle one: approved      not approved

# MEMORANDUM SCOTT VALLEY UNIFIED SCHOOL DISTRICT

11918 Main St, POB 687, Fort Jones, CA 96032-0687; 530-468-2727 (phone), 530-468-2729 (fax)

DATE: July, 2019  
TO: All District Employees, Coaches, and Parent Drivers  
FROM: Dianne Hasemeyer, Transportation Supervisor  
e-mail: [dhasemeyer@svusd.us](mailto:dhasemeyer@svusd.us) phone: 467-3297

RE: **Annual Driver Update for 2019-2020 School Year REQUIRED ANNUALLY**

➤ **If you anticipate driving your personal vehicle to transport only your own children and no other children, then you must complete the following:**

Complete Page 7 only the "Waiver of District Responsibility-Driver of own children" form

➤ **If you anticipate driving a personal vehicle to transport students other than your own children then you must complete the following:**

Read attached pages 1 & 2

Complete attached page 3,4 & 5 "Parent Driver Application"

**For Field Trips: return driver packet to school site**

Attach Copy of Auto Insurance Policy Declaration page that shows coverage limits-see page 3

Attach Copy of Valid Driver License

Attach K4 print out of your driving history that you must get from the DMVonline or ordered via mail (form attached in packet page 8).

➤ **If you anticipate driving a district vehicle for any purpose, including to transport students then you must complete the following:**

Read attached pages 1 & 2

Complete attached page 6 "Van/Employee Driver Application"

Attach Copy of Valid Driver License

Attach K4 print out of your driving history that you must get from the DMVonline or ordered via mail (form attached in packet page 8).

**If you anticipate driving both a personal vehicle and a district vehicle then you must complete the following:**

Read attached pages 1 & 2

Complete attached page 3, 4 & 5 Parent Driver Application"

Complete attached page 6 "Van/Employee Driver Application"

Attach Copy of Auto Insurance Policy Declaration page that shows coverage limits-see page 3

Attach Copy of Valid Driver License

Attach K4 print out of your driving history that you must get from the DMVonline or ordered via mail (form attached in packet page 8).

**PLEASE RETURN PACKET ASAP TO:  
TRANSPORTATION DEPT, P.O. Box 505, Etna, CA 96027  
FOR FIELD TRIPS: Return packet to school site  
Call Dianne in Transportation with questions at 467-3297**

**Business and Non Instructional Operations**  
**SCHOOL-RELATED TRIPS**

E3541.1

**Priority of Transportation Requests**

1. Whenever possible, school buses and vans will be used to transport students.
2. If requests for school vans exceed availability, the transportation supervisor and site principals and/or, the athletic directors will assign priority by considering all options and financial impact.
3. Whenever appropriate, private vehicles may be utilized so long as they meet district requirements.

**Use of Private Vehicles**

1. Volunteer drivers of private vehicles must be a responsible adult age **25** or older who possesses a valid California driver's license or, if he/she is a nonresident on active military duty in California, possesses a valid license from his/her date of residence. All drivers of private vehicles must complete a School Driver Certification Form (attached). To be approved, a driver shall have a good driving record and possess at least the minimum insurance required by law. See attached School Driver Certification Form.
2. The priority for driver selection will be as follows:
  - a. Coaches
  - b. School employees not requiring a substitute
  - c. Other school employees
  - d. Board members/spouses; employee/coaches' spouses
  - e. Parents/guardians meeting district requirements
  - f. Other responsible adults meeting district requirements

**Alternate Transportation to and from School Events**

1. Parent/guardian request for alternate transportation (to a school event):
  - a. A parent/guardian may take their own child to a school event with the event advisor or coach's prior approval.
  - b. A parent/guardian may request that his/her student ride with another responsible adult so long as that request is made, in writing, 24 hours prior to the school event, and this request has been confirmed.
2. Parent/guardian request for release from school transportation (return trip):
  - a. A student may be released to his/her own parent/guardian after a school event. The parent/guardian must, however, make the request in person.
  - b. A student may be released to another responsible adult (non-high school student) so long as they have made this request, in writing, 24 hours prior to the release, and this request has been confirmed.

**Van Policy**

Whenever District Vans are used, an "Extra Trip Report" must be completed and left on the clip board in the van. A pre-trip inspection and required brake test must be completed by the driver before any students are loaded before leaving the school site and again before the return trip home. The driver is responsible to verify that the van is equipped with following emergency equipment: jack and lug wrench, spare tire with air, snow chains, first aid kit, flashlight, spill kit and fire extinguisher.

## DRIVER INSTRUCTION FORM

### Private Vehicle Use

When using your vehicle to transport students on field trips or other school activity trips, please:

1. All drivers must have a valid California driver's license, age **25** or older and current liability insurance of at least \$300,000 per occurrence.
2. Check the safety of your vehicle: trip, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers, for which your vehicle was designed. (If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.)
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Do not smoke a pipe, cigar, electronic cigarette or cigarette while there are minors in the vehicle, as required by law.
6. Obey all traffic laws.
7. Take the most direct route to the destination or event without unnecessary stops.
8. In case of emergency, keep all students together and call 911 and the district office.

### District Vehicle Use

1. Check the safety of your vehicle by using the districts' "Driver's Daily Vehicle Inspection and Report" form.
2. Carry only the number of passengers, for which your vehicle was designed.
3. Require each passenger to use to safety belt.
4. All drivers will be required to furnish the District Transportation Department with a DMV K4 drivers record or Motor Vehicle Report (MVR) driving history. These can be obtained on line for a minimal fee through the DMV or fill out the attached form from the DMV to receive one in the mail using the INF 1125 provided in this packet see page 8)

**PRIVATE DRIVER APPLICATION (Volunteers Driving Personal Vehicle)**

**For School Year 2019/2020**

**A. PERSONAL USE DRIVER INSTRUCTIONS**

Drivers and private vehicles being operated for Scott Valley Unified School District purposes must meet or exceed the following guidelines:

1. All drivers must be approved by the school or site administrator.
2. The driver must be at least age 21 to drive for business purposes and age 25 if transporting students, possessing a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
3. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
4. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
5. The vehicle will be in excellent condition and repair.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed.
7. No one may transport more than nine passengers plus the driver in any vehicle.
8. All occupants must wear seat belts whenever the vehicle is in motion.
9. All students who are less than 8 years of age or under 4'9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
10. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
11. Smoking a pipe, cigar or cigarette/electronic cigarette in the vehicle is prohibited.
12. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
13. The driver must provide a MVR (Motor Vehicle Report / Driver Record) dated within 30 days of this application and have an acceptable driving record as determined by Scott Valley Unified School District policy. Scott Valley Unified School District reserves the right to require a current K-4 Driver Records and/or accident reports for determination of driver eligibility.
14. Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on Scott Valley Unified School District business and involved in an accident, by law your liability insurance policy is used first. The Scott Valley Unified School District liability policy would be used only after your policy limits have been exceeded. **Minimum liability limits of insurance required are:**

<b>Bodily Injury</b>	<b><u>\$100,000 each person; \$300,000 each occurrence</u></b>
<b>Property Damage</b>	<b><u>\$ 50,000 each occurrence</u></b>
<b>or</b>	
<b>Combined Single Limit</b>	<b><u>\$300,000 each occurrence</u></b>
15. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

**B. DRIVER INFORMATION**

Driver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
\_\_\_\_\_ Expiration Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**C. VEHICLE INFORMATION**

Make & Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_  
Registered Owner Name \_\_\_\_\_ License Plate No. \_\_\_\_\_  
Number of Seatbelts \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_  
Number of Booster/Child Restraint Seats, if applicable \_\_\_\_\_

**D. INSURANCE FOR VEHICLE LISTED ABOVE**

Insurance Company \_\_\_\_\_ Policy No.: \_\_\_\_\_

Expiration Date of Policy \_\_\_\_\_

Bodily Injury Limit \$ \_\_\_\_\_ each person and \$ \_\_\_\_\_ each occurrence

Property Damage Limit \$ \_\_\_\_\_ each occurrence

~OR~

Bodily Injury and Property Damage Liability, Combined Single Limit \$ \_\_\_\_\_ each occurrence

**E. DRIVING RECORD**

1. Have you had a valid California Driver's License during the past 3 years?  Yes  No

2. Age when first licensed? \_\_\_\_\_

3. Based on the Driving Record Table below, does your driving record meet the criteria of an "**Acceptable Driver**"?  Yes  No

<b>Minor Violations (within past 3 Years)</b> include any moving violation that is not a major/serious violation as shown in this Table. (Examples of minor violations include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).				
Number of Minor Violations Within Last 3 Years	Number of At-Fault Accidents Within Last 3 Years			
	0	1	2	3 or more
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable
<b>License Suspension or Revocation (within past 3 Years)</b>			Unacceptable	
<b>Major/Serious Violations (within past 5 Years)</b>			Unacceptable	
<ul style="list-style-type: none"> <li>• Failure to stop in the event of an accident (Hit and Run)</li> <li>• Driving under the influence of alcohol or drugs or with open container</li> <li>• Refusing to take a substance/chemical test</li> <li>• More than one dismissal of a conviction relating to controlled substances</li> <li>• Reckless/Careless Driving</li> <li>• Homicide or Manslaughter or using vehicle in connection with a felony</li> <li>• Evading a Peace Officer or resisting arrest</li> <li>• Driving the wrong way or in the incorrect lane on a divided highway</li> <li>• Driving in excess of 100 mph</li> <li>• Racing/Speed contests</li> <li>• Passing a stopped school bus</li> </ul>				

**F. ATTACH**

1. Copy of Drivers License
2. Copy of Current Auto Insurance Policy or Auto ID Card
3. MVR (Motor Vehicle Record / Driver Record) dated within past 30 days.  
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr>

**G. DRIVER ACKNOWLEDGEMENT**

I certify the above information is correct and agree to advise Scott Valley Unified School District, in writing, of any changes in the above information. I have read and understand the Personal Use Driver Instructions.

Print Driver Name \_\_\_\_\_ Driver Signature \_\_\_\_\_

Date \_\_\_\_\_

**H. ACKNOWLEDGEMENT BY REGISTERED OWNER:**

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise Scott Valley Unified School District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. Scott Valley Unified School District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Print Registered Owner Name \_\_\_\_\_  
Owner's or Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Driver's Name (if different from registered owner) \_\_\_\_\_

**For District Use Only:**

Approved Driver \_\_\_\_\_

Date: \_\_\_\_\_

(Designated District Official)

*Retain original signed form in school file after approval*

**VAN/EMPLOYEE DRIVER APPLICATION (Part 1)**

For School Year 2019/2020

**Site/Department:** \_\_\_\_\_ **Driver Name** \_\_\_\_\_

**District Requirements**

Scott Valley Unified School District acknowledges the need for responsible drivers to provide transportation services for school activities and related business. To ensure that transportation services will be provided in a safe, efficient and cost effective manner, all drivers must comply with the following requirements:

16. The driver must be at least age 21 to drive for business purposes and age 25 if transporting students, possessing a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
17. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
18. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
19. The number of passengers shall not exceed the capacity for which the vehicle was designed.
20. No one may transport more than nine passengers plus the driver in any vehicle.
21. Transportation is limited to District business and/or transportation of students and approved chaperones for educationally based activities, sports and field trips.
22. All occupants must wear seat belts whenever the vehicle is in motion.
23. All students who are less than 8 years of age or under 4"9" tall must be properly secured in a rear seat in a child passenger restraint system meeting applicable federal motor vehicle safety standards.
24. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
25. Smoking a pipe, cigar or cigarette/electronic cigarette in the vehicle is prohibited.
26. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
27. Driver must have an acceptable driving record as determined by the Scott Valley Unified School District policy. The Scott Valley Unified School District reserves the right to require a current K-4 Drivers Record / Motor Vehicle Report (MVR) and/or accident reports for determination of driver eligibility.
28. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

**I CERTIFY THAT I HAVE READ THE ABOVE REQUIREMENTS AND THAT I AM IN COMPLIANCE WITH THEM.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_ Driver License #: \_\_\_\_\_  
Address: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**ATTACH:**

1. **Copy of California Drivers License.**
2. **Current K-4 Drivers Record / Motor Vehicle Report (MVR) if you are a volunteer driving a district vehicle or an employee not currently enrolled in the DMV Pull Program.**
3. **Authorization for Release of Driver Record Information (DMV Form INF 1101) if you are an employee (N/A if not enrolled in DMV Pull Program).**
4. **Part 2 of application including evidence of insurance if driving an employee owned vehicle.**

**For District Use Only:**

**Approved Driver** \_\_\_\_\_  
Date: \_\_\_\_\_ (Designated District Official)  
*Retain original signed form in school file after approval.*

**EMPLOYEE DRIVER APPLICATION (Part 2)**  
Required for employees using their private vehicle for business purposes.

For School Year 2019/2020

Site/Department: \_\_\_\_\_ Driver Name \_\_\_\_\_

**VEHICLE INFORMATION:**

Name of Owner: _____	<b>Description of Auto</b>
Address: _____	Year: _____
Telephone: _____	Make: _____
	Number of Seatbelts: _____
	License Plate No. _____
	Registration Expiration _____
	Number of Booster/Child Restraint Seats, if applicable _____

**INSURANCE INFORMATION:**

Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on Scott Valley Unified School District business and involved in an accident, by law your liability insurance policy is used first. Scott Valley Unified School District liability policy would be used only after your policy limits have been exceeded. Scott Valley Unified School District does not cover, nor is it responsible for comprehensive and/or collision coverage to your vehicle.

**Minimum Personal Automobile Liability Limits Required:**

Bodily Injury	<u>\$100,000 each person</u>	OR	Combined Single Limit	<u>\$300,000 each occurrence</u>
	<u>\$300,000 each occurrence</u>			
Property Damage	<u>\$ 50,000 each occurrence</u>			

Auto Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Expiration Date of Policy: \_\_\_\_\_

Liability Limits: Bodily Injury: \$ \_\_\_\_\_ each person  
 \$ \_\_\_\_\_ each occurrence  
 Property Damage: \$ \_\_\_\_\_ each occurrence  
 ~OR~  
 Bodily Injury and Property Damage Liability, Combined Single Limit  
 \$ \_\_\_\_\_ each occurrence

**As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise Scott Valley Unified School District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. Scott Valley Unified School District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.**

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

**For District Use Only:**

Approved Driver \_\_\_\_\_

Date: \_\_\_\_\_ (Designated District Official)

*Retain original signed form in school file after approval.*



## Scott Valley Unified School District Waiver of District responsibility- Driver of own children

STUDENT NAME \_\_\_\_\_

SCHOOL SITE \_\_\_\_\_

ACTIVITY/EXCURSION \_\_\_\_\_

ACTIVITY DATE: \_\_\_\_\_

I understand the Scott Valley Unified School District is providing District transportation and/or transportation in District approved private vehicles, to and from the above activity. However, I do not wish to avail myself of the transportation provided by the District.

The above student will be driven by their parent or guardian in privately owned transportation.

**If the student is transported by a non-district sponsored driver, such as their parent, it is fully understood that the district is in no way responsible, nor does the district assume liability, for any injuries or losses resulting from this non-district sponsored transportation. Although the district may assist in coordinating transportation and/or recommend travel time, routes, or caravanning to or from this event. I fully understand that such recommendations are not mandatory.**

**I also understand that by riding with the non-district sponsored driver, the driver is not driving as an agent of or on behalf of the district.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If student is under 18 years of age)

Print name of Parent/Legal Guardian \_\_\_\_\_

District  
Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

\* It is recommended that the non-district sponsored driver should carry an adequate amount of auto liability insurance for the risk of transporting students.



**REQUEST FOR OWN  
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)  
OR  
VEHICLE/VESSEL REGISTRATION (VR) RECORD  
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.  
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD  
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.  
 Certify the record as a true copy of record on file with Department of Motor Vehicles  
(No Charge).

**REQUESTER'S INFORMATION PLEASE PRINT CLEARLY**

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE

DATE

X

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD  
(Complete boxes A & B)

VEHICLE/VESSEL REGISTRATION  
RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

**DMV USE ONLY**

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to  
DMV Headquarters:

Department of Motor Vehicles  
P.O. Box 944247 MS G199  
Sacramento, CA 94244-2470

INF 1125 (REV. 7/2018) WWW

**Complete if mailing.**

Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 7/2018) WWW