



GREEN LAKE
SCHOOL DISTRICT
AN ENVIRONMENT OF EXCELLENCE

STUDENT DRIVER Alternate Transportation Form *(to and/or from Practice, Work, Athletic/Extracurricular Events or Trips)*

Students are required to travel on buses or by other District designated methods of transportation, for off-campus District sponsored activities, including, but not limited to Youth Apprenticeship/Co-op classes, practices, games, meetings, competitions, and conferences ("Events"), and/or special circumstances with district administrator approval. However, only after properly completing a separate Student Alternative Transportation Form at the District's sole discretion. Before District authority is granted to the Student to drive to and from District sponsored events, this Form and its required information must be completed and accepted by the School Office. The District's permission for the Student to drive to and from District sponsored activities may be revoked or limited at any time, for any reason.

REASON for requesting permission for student to drive:

Required Information:

Name of student driver: _____

WI Driver's License Number: _____

WI Driver's License Expiration Date: _____

Any License Restrictions: _____

Vehicle to be Driven - Year/Make/Model/License Plate #: _____

Insurance Carrier: _____

Policy # and Expiration Date: _____

With this Form, you must also provide a photocopy of

1. The Student's Driver's License
2. The Insurance Policy Declarations Page shows that coverage exists for the Student and the vehicle to be driven.

Should the Student's Driver's License or the Insurance Policy expire during the school year, updated photocopies showing renewal are required before the Student will again be eligible to transport himself/herself to District sponsored activities. It is the Student's responsibility to update the office with new photocopies.

Neither the Student nor the Student's vehicle is covered under the District's automobile liability coverage. By signing this Form, you agree that the Student and his/her parent(s)/legal guardian(s) are solely responsible for any resulting damage or injury to others. You also agree that the Student and his/her parent(s)/legal guardian(s) assume the risk of harm, injury or death to the Student or others, and that by voluntarily allowing the Student to operate his/her own vehicle, the Student and his/her parent(s)/legal guardian(s) will hold the District and its officers and employees free from all liability.

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I/The Student will not operate an automobile while impaired, whether due to alcohol, drugs (prescription and nonprescription), lack of sleep, or distraction of any kind. I/the Student will at all times comply with WI law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I/The Student will not operate an automobile that I/The Student believe, for any reason, is mechanically unsafe or that may become unsafe due to weather or other natural conditions. The automobile will have working seat belts, which I/The Student will use at all times. The Vehicle(s) may be inspected by District representatives.
3. I/The Student will be the sole driver of the Vehicle unless authorized by administration to transport other students. I/The Student will follow all WI Graduated License requirements.
4. Student passengers must be included on this Form and the parent/and or guardian of the student passenger must sign acknowledging the same responsibilities that will hold the District and its officers and employees free from all liability.

Print Student Name

Student Signature Date

Print Parent/Guardian Name

Parent/Guardian Signature Date

Only identified passengers *from the same household* may ride with the student driver:

Print Student Passenger Name

Student Passenger Signature Date

Print Student Passenger Name

Student Passenger Signature Date

Print Student Passenger Name

Student Passenger Signature Date

Received by:	Date:
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Following year review: I attest that all of the information on this form is current/accurate. Reviewed by (Student should initial):	Date:
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