

**South Wasco County
School District 1**

Code: **EEAE-AR(1)**
Revised/Reviewed: Unknown; 12/11/13
Orig. Code(s): EEAE-AR

Proof of Vehicle Liability Insurance

Transportation of students will be by the district's transportation system or by a district employee's properly-insured automobile, except as provided below:

Parents may be permitted to use private vehicles to transport their own students and those other than their own students on field trips, to and from school and/or other school-related activities under the following conditions:

1. The school administrator has approved the activity;
2. A "Student Transportation in Private Vehicles" (administrative regulation EEAB-AR - Student Itinerary Change form) has been completed by the principal or his/her designee, granting permission for the student to participate in unplanned trips or school-related activities and to ride in a privately-owned automobile;
3. The adults driving the automobiles are properly licensed to drive and has provided proof of the automobile liability insurance required in the state of Oregon and completed the Proof of Vehicle Liability Insurance form, administration regulation EEAE-AR(2);
4. An adequate number of seat restraints is available for all passengers, and the adult drivers require their use.

Proof of Auto Liability Insurance
(For Parent Volunteers)

Dear Parent/Guardian,

You have agreed to transport students of the district to a field-trip function or for some other school approved purpose. Please be aware that in the event of an accident, your insurance will be primary coverage. In order to serve as a volunteer driver you will be required to provide proof of automobile liability insurance. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district. Your driving record will also be checked for insurance company acceptability.

Please **complete** the following information, providing information requested. **Sign** where indicated and **return** to the school office four working days **prior to the date of the event**.

Insurance Company Name: _____ Effective Date: _____
(not agent's name)

Policy Number: _____

Policy Limits: _____

Current minimum limits are: \$500,000 in any combination.

Date of Birth: _____ Oregon Driver License No.: _____

Signature: _____ Date: _____

Parent/Volunteer Name: _____
(as it appears on your drivers license)

Address: _____

Daytime Phone: _____

Return form to business manager. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies usually increase coverage for specific dates.)

Payment In Lieu of Transportation

In certain instances, when district patrons reside outside of the fiscal and/or physical “range” and/or “scope” of existing bus routes, the district may arrange to pay patrons in lieu of transporting their students to school or to the nearest feasible bus stop. Such payment will be calculated by using the established annual mileage rate used by the district for its employees. Such payment in lieu of transportation will normally be calculated on the number of miles (one way) for each authorized trip.

For the convenience of “accounts-payable” personnel and to ensure timely compensation, patrons receiving “considerations” in lieu of transportation are asked to document mileage on forms provided by the district (EEAE-AR - Request for Reimbursement/Student Transportation) and to present such documentation to the deputy clerk monthly.

I/We accept the provisions outlined in South Wasco School Board policy EEAE - Student Transportation in Private Vehicle and administrative regulation EEAE-AR - Proof of Vehicle Liability Insurance and agree to transport from home to school and from school to home (or to/from designated bus stop) at a rate of _____ cents per mile paid on a one-way basis per trip as outlined above for the 20__-20__ school year. The mileage is established as _____ miles. I/We understand that these arrangements pertain during the entirety of the aforementioned school year, replacing any expectation of actual bus service in said time period until a revised agreement can be negotiated/arranged with all involved parties.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Superintendent’s Signature

Date

Other¹

Date

Other

Date

Please return the signed agreement to South Wasco School District. It will be duplicated and a copy returned to you for your files. Thanks!

¹Grandparent, neighbor or any other individual who may regularly assist with the implementation of this policy/Agreement.

Request for Reimbursement/Student Transportation

Requested by: _____

Date	Month	Year	Point of Destination	Destination	Distance	Office Use only Reimbursable Miles
Totals						

Superintendent's Signature: _____ Date: _____

Deputy Clerk's Signature: _____ Date: _____

TO: Designated Parents/Guardians of South Wasco School District Students

FROM: South Wasco School District Office

DATE: _____

RE: Payment “In-Lieu” of Transportation

You will find attached the administrative regulation EEAE-AR - Payment In Lieu of Transportation.

Because you transport your student, you are eligible to receive payment “in lieu” of transportation.

Please initial your choice below, sign and return this agreement to the school! (The Oregon Department of Education requires written documentation.)

A signed copy of all related agreements will be returned to you for your records.

- I/We would like to receive the payment in lieu of transportation. I have enclosed the necessary completed forms.
- I/We will assume the responsibility for transporting our student without compensation.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

District Approval:

Superintendent Signature

Date

Deputy Clerk Signature

Date

Child Care In Lieu of Transportation

In certain instances, when district patrons reside outside of the “range” and/or “scope” of existing bus routes, the district may arrange to pay for day-care in lieu of transporting their students home from school until a regular bus run is scheduled. Such payment will be the standard rate for day-care as approved by the district.

I/We accept the provisions outlined by South Wasco School District and agree to have

_____ sent to day-care from school and from to
(Student’s name)

day-care to home (or designated bus stop) for the 20__ school year. I/We understand that these arrangements pertain during the entirety of the aforementioned school year, replacing any expectation of specially-scheduled bus service in said time period until a revised agreement can be negotiated/arranged with all involved parties.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Superintendent’s Signature

Date

Other²

Date

Other

Date

Please return the signed agreement to South Wasco School District. It will be duplicated and a copy returned to you for your files. Thank you!

²Grandparent, neighbor or any other individual who may regularly assist with the implementation of this policy/Agreement.

Verification of Auto Liability Insurance Form

For the safety and protection of all involved and as verification of compliance with Board policy EEAE - Student Transportation in Private Vehicles, the following information is required before a private car and/or driver can be involved in transporting South Wasco School District students.

1.	a)	_____	b)	_____
		Driver's Name		Driver's Name
		_____		_____
		Oregon Driver's License Number		Oregon Driver's License Number
		_____		_____
		Expiration Date		Expiration Date

2. Insured Cars

a)	_____	b)	_____
b)	_____	c)	_____

3. Number of Seatbelts in cars

a)	_____	b)	_____
b)	_____	c)	_____

Note: Oregon law requires children to wear seatbelts while riding in cars.
Please help our students to respect the law, to be legal and to be safe!

4. _____

Insurance Company	Agent
-------------------	-------

5. Amount of Liability Insurance

a)	_____ Individual Bodily Injury ³	b)	_____ Group Bodily Injury ³
c)	_____ Property Damage ³		

By signing below, I/we verify that the preceding information is correct, that I/we give permission to the South Wasco School District to secure my/our driving record from the DMV and that (despite all of this "red tape") I/we are willing to transport students by private car at convenient times.

Signature

Date

Signature

Date

After signing, please return this entire verification form to the school. A photocopy will be returned to you upon request for your records. Thank you.

³Required limits of \$500,000 combined single limit for bodily injury and property damage.