

SECTION 355     PORTAGE COMMUNITY SCHOOLS FLEET SAFETY PROGRAM

Purpose - The Portage Community Schools Fleet Safety Program has been instituted to promote safe driving by our employees and volunteers and to protect the safety and welfare of our students.

PROCEDURES, RULES and RESPONSIBILITIES

- A. All drivers must possess a valid Wisconsin operators license or one issued by another state; must be at least 18 years of age; must have the use of both hands and the foot normally used to operate the foot brake and foot accelerator.
- B. All drivers must file a Driver Application with the Director of Building and Grounds Office and inform that office of any new accidents or violations within 5 days of the occurrence.
- C. Drivers transporting students must submit a medical examination every 3 years to the Director of Building and Grounds. The cost of the required medical exam will be paid by the district.
- D. The District Office may annually check motor vehicle driving records of all district drivers.
- E. The Business Administrator may review each driving record and apply the review criteria to determine eligibility. A list of eligible school vehicle drivers will be available to persons who assign vehicle use.
- F. The Director of Building and Grounds will have all school owned vehicles inspected annually for compliance with the requirements of 5.110.075, ch. 347 and the rules of the Department of Transportation.

Approved - August 8, 1988  
 Revised - July 30, 2001  
 Revised – September 18, 2008  
 Revised – August 8, 2011

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PORTAGE COMMUNITY SCHOOLS  
Portage, Wisconsin 53901

Regulations governing the use of school vehicles and alternative methods of transporting students.

These regulations are based on Section 121.555 Wisconsin Statutes and current requirements of our insurance carrier.

- A. Driver Application must be on file in the Business Office by the following:
  - 1. All drivers of school owned vehicles.
  - 2. All school employees driving any vehicle transporting one or more students.
  
- B. Medical Examinations every 3 years are required by the following:
  - 1. All school employees transporting students in school owned or private vehicles.
  - 2. Volunteer drivers transporting students in school owned vehicles.
  
- C. Private vehicles used for transporting students, operated either by school employees or volunteer drivers, shall be insured by a policy providing:
  - 1. Property damage coverage of at least \$10,000.00.
  - 2. Bodily injury coverage of at least \$25,000.00 per person.
  - 3. A total limit of at least \$50,000.00 per accident.

DRIVING RECORD REVIEW CRITERIA

Criteria for evaluating the driving records of volunteer drivers and school employees will be applied to information reported on the Driver Application Form and Wisconsin Department of Transportation Driver Abstracts.

DRIVING RECORD OF THE PAST THREE YEARS

MAJOR CONVICTIONS	OTHER CONVICTIONS/ACCIDENTS
<b>60 Points Each</b>	<b>20 Points Each</b>
Driving under the influence of alcohol or drugs. (S.346.63)	Any moving violations/citation not identified to the left.
License Revocation (s.343.31)	
Driving while license suspended.	Any preventable accident resulting in physical damage and/or property damage and/or personal injury.
Hit and run.	
Reckless Driving (s.346.62)	A conviction and an accident arising out of the same occurrence are considered as one occurrence.

A driver is ineligible when 60 points are accumulated. Points assigned for each accident or offense clear 3 years from the date of conviction. However, persons convicted of reckless driving under s.346.62, operating a motor vehicle while under the influence of an intoxicant or of a controlled substance under s.346.63(1), may not drive for a two year period. Drivers are required to inform the school of accidents or convictions which occur after the Driver Application Form has been submitted.

**PLEASE RETURN TO SUZI HEMLER AT GERSTENKORN**

**SCHOOL CAR DRIVER APPLICATION**

APPLICANT INFORMATION

Last Name	First	Middle Initial
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Street Address	City	State	Zip Code
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Date of Birth	Month	Day	Year
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Driver License #
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<b>List any violations or accidents that you have had in the last three (3) years:</b>

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of applicant	Date
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**PHYSICIAN'S RECORD OF SCHOOL DRIVER EXAMINATION**

The operator shall submit at least once every 3 years to the school a medical opinion in such form as the school may prescribe that the operator is not affected with or suffering from any mental or physical disability or disease such as to prevent the operator from exercising reasonable control over a motor vehicle. (Section 121.555 (2) ( c ) (4) Wisconsin Statutes).

**Applicant: Please give the following page to the Dean Clinic, Physicians Assistant whom you have your appointment with.**

Dean Clinic  
2825 Hunters Trail  
Portage, WI 53901

Appointments 608-742-7161

The following employee of Portage Community Schools,

Name: \_\_\_\_\_

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

Is required to have a Physical to be able to drive a school vehicle. Please use this form to certify results and recommendation for driving a school vehicle.

Please send the bill for services to: Portage Community Schools  
Attn: Heide  
305 E. Slifer Street  
Portage, WI 53901

Billing questions can be directed to 608-742-4867 ext 4127.

**PHYSICIAN'S RECOMMENDATION AND CERTIFICATE OF PHYSICAL EXAMINATION**

THIS WILL CERTIFY THAT I, THE EXAMINING PHYSICIAN; LICENSED TO PRACTICE MEDICINE IN THE STATE OF WISCONSIN, HAVE EXAMINED THE ABOVE NAMED SCHOOL EMPLOYEE AS REQUIRED BY STATUTE ON \_\_\_\_\_, 20\_\_\_\_\_, AND FIND THE ABOVE NAMED INDIVIDUAL FREE OF ANY MENTAL OR PHYSICAL DISABILITY OR DISEASE THAT WOULD PREVENT THE EXERCISING OF REASONABLE CONTROL OVER A MOTOR VEHICLE.

NAME OF EXAMINING PHYSICIAN	SIGNATURE	DATE