

## Transporting Students Authorization Packet

Please complete the following:

- Emergency School Driver Application
- Agreement for Employees Who Volunteer to Transport Students
- Copy of valid auto insurance showing your insurance company name, policy number and dates of coverage.
- Copy of your current driver's license

**Submit the complete packet to Risk Management via PONY or scan and email to: [riskcomp@pps.net](mailto:riskcomp@pps.net)**

Once a PPS employee has been authorized to transport students, the [Student Transportation Log](#) is required every time the employee transports a student in their self-owned vehicle (other than for field trips or IEP related learning activities). This log must be turned in daily to the Principal, or their designee, and kept up to date.

Security Services will run a Criminal History Verification and review the record using the [Driving and Criminal Record Minimum Criteria](#).

The Principal and Risk Management will be notified via email by Security Services whether or not the employee is authorized to transport students.

This is an annual process for each authorized driver. The period for which the driver is authorized to transport students begins the date of authorization and expires on June 30 of that school year.

Risk Management and Security Services will each retain their documents for the duration of the school year.

# Emergency School Driver Application

## Portland Public Schools

Complete this form and submit to Risk Management along with the complete Authorization Packet.

\*All fields are required unless otherwise indicated

Last Name	First Name	Middle Name	Gender		Date of Birth
			M <input type="checkbox"/>	F <input type="checkbox"/>	

Driver License/ ID Card Number and State of Issue	* Social Security Number ( <i>Optional</i> )	List All Other Names Previously Used (including maiden name)

Complete Street Address	City	State	Zip Code	Phone Number

Please list **ALL** states in which you have held a driver license:

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Have you **EVER** been convicted of **ANY** crime?      YES  NO   
 Do you have any pending or unresolved criminal charges?      YES  NO

**If yes to either question, state the charge(s), city, state, date of arrest and date of conviction:**

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Pursuant to District Policy [5.10.140-P](#) and Administrative Directive [5.10.141-AD](#), the District is required to refuse anyone convicted of certain felonies and misdemeanors (those listed in ORS. 342.143). A copy of disqualifying convictions, listed in [ORS 342.143](#), is available at your school or online via [Security Services](#).

“I consent to a check of criminal/civil and driving records by Portland Public Schools.”

**Applicant’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Security Services Use Only			Investigator	Date
Clear to drive	Y	N - Reason: Disqualifier, Warrant, Serious Crimes, Other:		

## Agreement for Employees Who Volunteer to Transport Students

\_\_\_\_\_  
Staff Member Name & Employee ID No.

\_\_\_\_\_  
School/Site

Per Administrative Directive 3.40.200, *Authorized Staff Transporting Students in a Self-owned Vehicle*, The Principal, or their designee, may authorize a PPS employee to transport students in their self-owned vehicle under specific emergency conditions not related to field trips or IEP related learning activities. An employee who volunteers to meet the expectations of this AD indicates by signing this form that he/she understands that their personal auto insurance will be the remedy to cover any damages or injuries that might occur during this authorized activity.

“This statement attests to my having met all of the following criteria regarding operation of a private automobile for the transportation of Portland Public School students.

As mandated by Oregon’s insurance law ORS 806.010, I hereby state that my automobile insurance is at a level at least equal to the State required minimums of: bodily injury and property damage liability of \$25,000 per person; \$50,000 per crash for bodily injury to others; and \$20,000 per crash for damage to others property; personal injury protection of \$15,000 per person and uninsured motorist of \$25,000 per person; \$50,000 per crash for bodily injury.

My vehicle is equipped with personal safety devices for each passenger. These safety devices are in sound working order and are in compliance with ORS 811.210- 811.225, which states, in part, that child passengers must be retained in an approved child safety seat until they weigh more than 40 pounds and are 4 feet 9 inches tall, unless they have reached age eight. The middle of the back of their head must not be above the top of the seat or headrest. To the best of my knowledge, the vehicle is in sound working condition.”

I agree that I have read, understood and submitted the following documents to Risk Management for review:

- I have read and understood the *Authorized Staff Transporting Students in a Self-owned Vehicle*, Administrative Directive.
- I have completed and attached the Authorization Packet and submit it to Risk Management and wait for notification of approval.
- I will record each trip in the provided log and submit it to my principal daily.
- I have a cell phone that can be used when necessary and allowed during authorized trips. I understand that the cell phone is not to be use while the vehicle is in motion.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**\* Submit Agreement to Risk Management along with the complete Authorization Packet**

# DRIVER/VEHICLE STATEMENT OF QUALIFICATION FORM

For Use of Self-Owned/Private Vehicle on a School Field Trip

*\*Attach a copy of your valid driver license and declaration page of your personal auto insurance policy showing proof of auto insurance and present coverage.*

\_\_\_\_\_  
Driver's Name

Staff Member       Adult Volunteer

\_\_\_\_\_  
School/Site

This statement attests to my having met the following criteria regarding operation of a private automobile for transportation of Portland Public School students on a scheduled field trip.

- Driver License Number: \_\_\_\_\_
- State of Issue: \_\_\_\_\_
- Vehicle Year/Make/Model: \_\_\_\_\_
- License Plate Number: \_\_\_\_\_
- Insurance Policy Issued by: \_\_\_\_\_
- Policy Number: \_\_\_\_\_

“I hereby state that my automobile insurance is at a level at least equal to the State required minimums of: bodily injury and property damage liability of \$25,000 per person; \$50,000 per crash for bodily injury to others; and \$20,000 per crash for damage to others property; personal injury protection of \$15,000 per person and uninsured motorist of \$25,000 per person; \$50,000 per crash for bodily injury.

My vehicle is equipped with personal safety devices for each passenger. These safety devices are in sound working order and are in compliance with ORS 811.210- 811.225, which states, in part, that child passengers must be retained in an approved child safety seat until they weigh more than 40 pounds and are 4 feet 9 inches tall, unless they have reached age eight. The middle of the back of their head must not be above the top of the seat or headrest. To the best of my knowledge, the vehicle is in sound working condition.

In addition to the above stated information, I hereby declare that I have never been convicted of or pled guilty to driving under the influence of intoxicants or any other felony involving the use of a motor vehicle. I agree not to use a cell phone in the vehicle except for emergency purposes. I will not smoke during the field trip.”

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

Address: \_\_\_\_\_

- Adult Volunteer – information must be kept on file at the school/site for one (1) year.
- Staff Member – information must be sent to Risk Management for filing.

# LOG

## Staff Transporting Students In Self-Owned Vehicle

*This Log must be completed every time a staff person or paid coach transports a student in their self-owned vehicle other than for field trips or IEP related learning activities and is kept on file at the school.*

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

Staff Member/s: \_\_\_\_\_  
(print names)

Student/s: \_\_\_\_\_

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure time: \_\_\_\_\_

Return time: \_\_\_\_\_

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

Staff Member/s: \_\_\_\_\_  
(print names)

Student/s: \_\_\_\_\_

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure time: \_\_\_\_\_

Return time: \_\_\_\_\_

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

Staff Member/s: \_\_\_\_\_  
(print names)

Student/s: \_\_\_\_\_

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure time: \_\_\_\_\_

Return time: \_\_\_\_\_