

**Ventura County Office of Education  
Driver Instructions for Student Transportation**

Drivers and private vehicles being operated for district purposes must meet or exceed the following requirements:

1. All drivers must be registered and approved by the Risk Management Department, appropriate Department Head or School Site Administrator.
2. The "Authorization for Release of Driver Record Information" (Form INF 1101) must be completed and returned to the Risk Management Department for processing through the Department of Motor Vehicles. Prior to being declared an authorized driver, the Risk Management Department will inform the supervisor of the clearance to transport students.
3. The "Driver Instructions for Student Transportation" must be read and the "Student Transportation Authorization" form must be completed, signed and on file at the work site **prior** to each field trip.
  - a. A valid proof of insurance (insurance identification card and policy declaration page) must be on file with the school site.
  - b. A copy of a valid California driver's license must be on file with the school site.
  - c. A copy of the vehicle registration must be on file with the school site.
4. The "Declaration of Insurance Coverage" form must be on file in the Business Office. A new form must be completed annually for mileage reimbursement.
5. Each driver must:
  - a. Possess a valid driver's license;
  - b. Be at least 25 years of age or older; and
  - c. Be the registered owner of the vehicle through a lease, rental or ownership.
6. All vehicles must be covered by automobile liability insurance of at least: \$100,000 for bodily injury to each person, \$300,000 each accident (bodily injury), \$50,000 property damage. Proof of insurance and registration must be retained in your vehicle as well as copies with the site. ***Vehicle owners, drivers and passengers shall be informed that the registered owner and his/her insurance company are responsible for any accident or violations that may occur.***
7. The vehicle must not be designed, used, or maintained to carry more than 10 passengers including the driver. Otherwise, a commercial driver license is required, and the vehicle must be a school bus or school pupil activity bus/van as defined in the Vehicle Code (Sec. 546).
  - a. The number of passengers shall not exceed ten (10), including the driver. In no case shall the number of passengers, including the driver, exceed the number of available seat belts.
  - b. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment. Under no circumstances are passengers to be transported in the bed of a truck.
  - c. The site administrator must approve all trips in advance.
8. Prior to departure, the driver shall be instructed as follows:
  - a. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
  - b. Follow all safety recommendations of the vehicle manufacturer.
  - c. Require each passenger to use a safety belt. Seat belts are not to be shared. Child passenger restraint systems are required for children under six (6) years of age or under 60 pounds.
  - d. Do not carry non-district personnel, non-students, or other "guests" as passengers unless officially registered as volunteers. It is school policy that family members who are not enrolled in the class/activity may not accompany you on field trips.
  - e. Follow the most direct route and avoid unnecessary stops. Do not make side trips.
  - f. The trip is approved only from school to the destination and directly back to school.
  - g. All drivers will observe reasonable travel speed in accordance with federal, state, and local laws in all motor vehicles.
  - h. Use of personal vehicles where hazardous road conditions exist is prohibited. This includes hazardous conditions declared by the California Highway Patrol or other city, county, state or federal agencies authorized to monitor road conditions.
  - i. Smoking is prohibited while transporting, supervising, or attending field trips or related activities with students.
  - j. Use of cell phones while driving is prohibited, unless it is an emergency.
  - k. In case of emergency, pull over to side of road, keep all students together and depending on the emergency call 911 or school office.

**Ventura County Office of Education  
Student Transportation Authorization**

***This form must be completed and on file at site prior to each field trip***

Date:		Driver's Name:	
School Site:		Class/Teacher taking trip:	
Date of trip:		Destination:	
Driver's Address City, State, Zip:		Driver's Telephone #: (    )	
Driver's License #:		Expiration Date:	
Year and Make of Vehicle:		Vehicle License No:	
Year and Make of Vehicle:		Vehicle License No:	

Do you have any physical condition, or are you taking medication which would affect driving safety?

☐ Yes    ☐ No

Have you had a moving violation and/or accident within the past year?    ☐ Yes    ☐ No

If yes, give date of incident and a brief explanation: \_\_\_\_\_

Does your vehicle have one set of working seat belts per occupant?    ☐ Yes    ☐ No

Seating capacity of vehicle: \_\_\_\_\_

Does your vehicle have any known mechanical or safety deficiencies?    ☐ Yes    ☐ No

Registered owner of vehicle: \_\_\_\_\_

Do you have automobile liability insurance?    ☐ Yes    ☐ No

If yes, name of insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Limits of policy: Automobile liability insurance with the following limits: \$100,000 for bodily injury to each person, \$300,000 each accident (bodily injury), \$50,000 property damage.    ☐ Yes    ☐ No

Is this an assigned risk policy?    ☐ Yes    ☐ No

**ACKNOWLEDGEMENT**

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise VCOE, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe, and that I have read and understand the Personal Vehicle Use Policy.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

**NOTE:** If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

I have read the above and approve the use of this vehicle for the purpose stated.

\_\_\_\_\_  
School Site Administrator

\_\_\_\_\_  
Date

***This form must be updated and on file prior to each field trip***

Date of trip:	Driver's Name:
School Site:	Class/Teacher taking trip:
Destination of trip:	
Year/Make of Vehicle:	Vehicle License #:

Do you have any physical condition, or are you taking medication which would affect driving safety?

☐ Yes ☐ No

Have you had a moving violation and/or accident within the past year? ☐ Yes ☐ No

If yes, give date of incident and a brief explanation: \_\_\_\_\_

Does your vehicle have one set of working seat belts per occupant? ☐ Yes ☐ No

Does your vehicle have any known mechanical or safety deficiencies? ☐ Yes ☐ No

Do you have automobile liability insurance? ☐ Yes ☐ No

**ACKNOWLEDGEMENT**

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise VCOE, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe, and that I have read and understand the Personal Vehicle Use Policy.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

***This form must be updated and on file prior to each field trip***

School Site:	Class/Teacher taking trip:
Destination of trip:	
Year/Make of Vehicle:	Vehicle License #:

Do you have any physical condition, or are you taking medication which would affect driving safety?

☐ Yes ☐ No

Have you had a moving violation and/or accident within the past year? ☐ Yes ☐ No

If yes, give date of incident and a brief explanation: \_\_\_\_\_

Does your vehicle have one set of working seat belts per occupant? ☐ Yes ☐ No

Does your vehicle have any known mechanical or safety deficiencies? ☐ Yes ☐ No

Do you have automobile liability insurance? ☐ Yes ☐ No

**ACKNOWLEDGEMENT**

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\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date