

# SYRINGA MOUNTAIN SCHOOL

## Student Transportation Policy

(Approved by the Board on October 1, 2014 )

The safe operation of our motor vehicles is one of the highest priorities at SMS. For this reason, we have developed the following policy. Please note that transporting students for charter school business or other charter school functions(s) is voluntary and may be denied at any time, without reason, by SMS. Furthermore, the signatory of this policy has the right to retract said policy at anytime, without reason, by providing written notification to SMS that the signatory no longer wishes to provide transportation for students on charter school business or other charter school function(s).

The following shall apply to all persons operating charter school vehicles or operating their own vehicles to transport students for charter school business or charter school function(s).

An employee or volunteer must have a valid driver's license at all times when operating a charter school vehicle or their own personal vehicle when used for student transportation or school business. Seatbelts are an essential element of our driver safety policy/procedures. Seatbelts are to be worn by everyone in the vehicle while on charter school business.

For employees or volunteers who driver their personal vehicles for student transportation or charter school business purposes, SMS requires that the employee or volunteer carry insurance amounts and coverage:

Automobile Liability - \$100,000 per person; \$300,000 per occurrence.

Property Damage - \$50,000 per occurrence.

Medical Payments - \$5,000 per person

In the event of an accident, the employee's or volunteer's insurance coverage acts as the primary insurance coverage for damages. Evidence of this insurance must be kept on file and updated upon insurance and license renewals. Employees and Volunteers shall notify the school of any changes which result in inadequate coverage (as defined above) in their auto insurance coverage within 10 days of said change.

I HAVE READ AND UNDERSTAND THE DRIVER POLICY AND AGREE TO ITS TERMS.

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

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

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

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

**How many student can legally ride in the vehicle you will use for field trips?**

Vehicle Make/Model: \_\_\_\_\_ # Students: \_\_\_\_\_