STUDENT TRANSPORTATION AGREEMENT

This Transportation Agreement is made and entered into between Kenosha Unified School District (referred to as the “District”), (student’s name) __________________________________________________________ (referred to as the “Driver”) and the parent/guardian, _____________________________________________.

The Driver agrees to the following terms and conditions of this agreement as it relates to the transportation between ___________________________________________ and __________________________________________ for the following class(es)/activity: ___________________________________________

________________________________________________________________________

Terms and conditions:
1. The Driver shall use a privately owned motor vehicle for the specific purpose of transporting themselves to and from the locations noted above as authorized by the District.
2. The Driver shall not be compensated for the use of his/her motor vehicle.
3. The Driver agrees that he/she will be the sole driver of his/her motor vehicle and follow any restrictions outlined by his/her license.
4. The Driver shall possess a valid Wisconsin operator’s license and provide the District with proof of such license. In certain circumstances, the District may accept a valid operator’s license issued by another jurisdiction.
5. The Driver understands this agreement must be entered into for other school related activities or as changes occur.
6. The Driver agrees that they will notify the District of any suspension or revocation of the Driver’s operating privilege by the State of Wisconsin or another jurisdiction.
7. The Driver agrees to maintain an insurance policy with a minimum liability coverage of $100,000/$300,000.

Dated this _____________ day of ________________, 20__.

_________________________________________________________  Date

Student

_________________________________________________________  Date

Student’s Cell #

_________________________________________________________  Date

Parent or Guardian of Student

_________________________________________________________  Date

Parent’s Cell #

_________________________________________________________  Date

School Administrator