



Elm Grove
L U T H E R A N S C H O O L

VOLUNTEER DRIVER COMPLIANCE FORM

We, the undersigned, assure Elm Grove Lutheran School the following:

1. We assure Elm Grove Lutheran School that, when transporting children for curricular or extracurricular activities of the school, only a licensed driver over eighteen years of age will be allowed to drive our vehicle. I/We will transport the child(ren) assigned and will not delegate responsibilities to any other person.
2. We assure Elm Grove Lutheran School that we carry the following minimum insurance coverage for our vehicle. Your automobile insurance policy must provide the following minimum liability coverage meeting all requirements of Wisconsin Statutes 344.62:
\$25,000 bodily injury liability per person
\$50,000 bodily injury liability per person
\$10,000 property damage liability per accident
\$25,000 uninsured motorist coverage per person
\$50,000 uninsured motorist coverage per accident
\$100,000 for injury or death of two or more people

The law also requires uninsured and underinsured motorist coverage each with minimum limits of \$100,000/\$300,000 for bodily injury coverage. We further assure Elm Grove Lutheran School that, should we no longer carry the above required insurance, we will immediately notify the school and no longer use our vehicle in the transportation of students to curricular and extracurricular activities sponsored by the school.

3. We assure Elm Grove Lutheran School that the driver of our vehicle will not have been convicted of reckless driving, operating a motor vehicle while under the influence of an intoxicant or of a controlled substance, or any other type of unsafe driving within a two-year period.
4. We assure Elm Grove Lutheran that the driver and each child transported in our vehicle will be seated in a permanently mounted seat which faces forward and has his/her individual seat belt (Wisconsin Statutes 347.48).

Print Name: _____ (parent/legal guardian)
Signature: _____ Date: _____

Print Name: _____ (parent/legal guardian)
Signature: _____ Date: _____

A copy of your Driver's License and proof of insurance must be submitted with this form.