

Vehicle Training Completion Form

Driver's Name: _____ Campus/Department: _____

Office phone number: _____ Cell phone number: _____

Email address: _____

Driver's License No: _____ Operator Class: _____

Of years driving experiences: _____ Expiration of Defensive Driving: _____

First Aid/CPR Certificate Date: _____

In Case of an Emergency, Contact: _____, cell phone number: _____

This certifies that the above-named employee has read and understands the Ysleta Independent School District training as presented in the Activity Trip Handbook and is thereby authorized to transport students.

The above-named employee is responsible for notifying the campus or transportation department of any changes in the status of their driver's license.

The above-named employee will be personally responsible for any fines assessed that are related to non-compliance with state and local traffic laws.

I certify that I have read and will abide by the instructions contained in the Activity Trip Handbook while involved in the transporting of students.

Signature: _____ Date: _____