

St. Francis of Assisi Catholic School
FIELD TRIP WAIVER FORM

TEACHER _____ GRADE/ ROOM # _____

The pupils who participate in the described activity or activities will be transported as indicated (checked).
 The described vehicle will be properly insured as required by Kansas law (KSA 40-3107e).

The scheduled activity are listed below:

Date(s) of Activity _____ Cost _____

Destination _____

Time drivers are requested to arrive at school _____

Purpose of Activity	Departure Time	Return Time	Transportation (check one)
			<input type="checkbox"/> Licensed Public Conveyance <input type="checkbox"/> School Bus <input type="checkbox"/> Leased Van <input type="checkbox"/> Private Passenger Vehicle

_____ I will be able to drive for this trip and can transport _____ students with seatbelts.

_____ I have on file in the school office a copy of my driver's license.

_____ I have on file in the school office a copy of my Insurance.

_____ I have attended the Virtus training program.

Do you have a valid license?	YES	NO
Do you have insurance?	YES	NO
Do you have less than three moving violations in the last 3 years?	YES	NO

Reasonable precautions will be taken for the student's safety. We request that

_____ be transported as stated above and we
 (Student 's Name)

relieve and absolve St. Francis of Assisi Catholic School of any responsibility other than that stated above.

_____ Date

_____ Parent of Lawful Custodian Signature