



ST. EDWARD
Catholic School

805 Sherman · Little Rock, AR 72202 · (501) 374-9166 · Fax (501) 907-9078

Driver Liability

I, _____, have agreed to drive students for off-campus activities. I understand that I must have liability insurance in the amount consistent with the laws of the State of Arkansas. All passengers in my vehicle will be wearing seat belts.

Driver Signature

Date

Driver Cell Phone Number