



ST. EDWARD
Catholic School

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

OFF CAMPUS VEHICLE PERMIT

I request my daughter/son _____, be allowed to be a passenger in another person's car or ride (as arranged by the school), for the purpose of going to and from _____ on _____ . Departing from school at _____ and returning at _____ .

Cost of field trip _____ .

By my signature, I agree to hold harmless of neglect any adult chaperon, any staff member, the school, parish, or diocese in case an accident occurs on this trip.

I understand that my child must follow all rules and show respect to all involved in the field trip. Should this not occur, the school shall be called to come and pick up my child. This may result in exclusion from future trips.

Parent/Guardian _____
Signature

Daytime number _____ Date _____

Are there any circumstances the chaperons or teachers should know about your child (medical or physical limitations)?

___ Yes ___ No

If yes, please provide an explanation. _____

