*IMMACULATE CONCEPTION SCHOOL*
223 South 14th Street
Fort Smith, AR 72901

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

_____ on _____(date).

I understand all passengers in private vehicles will wear seat belts. 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 while on this trip.

_____ I am VIRTUS trained. _____ I am not VIRTUS trained.

_____ _____
Parent/Guardian Signature Phone

_____
Date

The information below must be completed for a parent/guardian to drive on a field trip.

Driver's License Number _____

Name of Insurance Company _____

Policy Number _____