

St. James Catholic School
Church Trip Permission Form

Print Student Name

Grade

Please return this form TOMORROW.

The students will be TRANSPORTED TO OR FROM ST. JAMES CHURCH WHEN THERE IS AN OCCASION FOR WHICH THE CHILDREN NEED TO BE AT CHURCH DURING THE YEAR. THIS PERMISSION SLIP WILL BE KEPT ON FILE FOR THE ENTIRE YEAR.

***Transportation to and from the church will be by **CARPOOL**. **Note that this applies to grades 4-8 only; due to car seat restrictions, grades K-3 practice at school.**

I request that my child be permitted to be carpoled to church. I agree to instruct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the trip. I hereby give the school personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

Signature of Parent or Guardian

Home Phone

Home Address

Work Phone

Date

Cell Phone

NO STUDENT MAY RIDE IN A CARPOOL WITHOUT THIS SIGNED PARENT PERMISSION FORM. PERMISSION BY PARENTS MAY NOT BE GIVEN OVER THE PHONE.

I CAN DRIVE _____ I CANNOT DRIVE _____

I CAN ACCOMMODATE _____ CHILDREN WITH SEATBELTS

I HAVE A VALID LICENSE/ PROOF OF INSURANCE ON FILE IN OFFICE _____