

**WICHITA PUBLIC SCHOOLS  
WICHITA, KANSAS  
SCHOOL TRIP WAIVER FORM**

SCHOOL \_\_\_\_\_ CLASS \_\_\_\_\_

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 activities are listed below:

Date(s) of Activity \_\_\_\_\_ Destination \_\_\_\_\_

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

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Reasonable precautions will be taken to provide for the pupil's safety. We request that

\_\_\_\_\_ PUPIL'S NAME \_\_\_\_\_ be transported as stated above and we relieve and absolve the Wichita Public Schools of any responsibility other than that stated above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR LAWFUL CUSTODIAN SIGNATURE