



**A.B. COMBS ELEMENTARY SCHOOL  
CARPOOL APPLICATION  
2017-2018**

**Carpool #:** \_\_\_\_\_



Please complete the application below and return to the school office or your child's teacher no later than August 30<sup>th</sup>. Our carpool procedures will go into effect September 1<sup>st</sup>. All carpool riders must have an assigned number by this time. Please include all children on one application.



**Name(s) of student(s) to be picked up in the carpool area:**



1. \_\_\_\_\_ Teacher \_\_\_\_\_



2. \_\_\_\_\_ Teacher \_\_\_\_\_

3. \_\_\_\_\_ Teacher \_\_\_\_\_



4. \_\_\_\_\_ Teacher \_\_\_\_\_

5. \_\_\_\_\_ Teacher \_\_\_\_\_



**Name of adults authorized to pick up above students:**



1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_



3. \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



***Please complete only one per family.*** If you are carpooling with other families, please submit all forms together, one per family, each parent must sign authorizing pickup.



If you have already completed one form this year, please **do not return a 2<sup>nd</sup> form.**  
*Return to your child's teacher only if you have not previously completed this year.*