

Carpool Application

2020-2021

Carpool #: _____

If you plan for your child to be dismissed from the carpool, please complete the application below and return to the school office or your child's teacher on the next school day. 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 all adults authorized to pick up above students:

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____

Signature of Parent/Guardian Date

Please complete only one form per family. If you are carpooling with other families, please submit all forms together, one form for each family, each parent must sign authorizing pickup. If you have already completed a form this year, please **do not return a 2nd form.**

Return to your child's teacher only you will use the carpool line this school year.

