

Carpool # _____	Door # _____	Carpool Room# _____
<i>This space for office use only</i>		

## Carpool Form Information

Please fill out all information below and return to your child's teacher.

Child's Name \_\_\_\_\_ Teachers \_\_\_\_\_ / \_\_\_\_\_

### **(2s-Kindergarten)**

Each child must have a carpool number (3's, 4's, and kindergartners). If you are carpooling with another family, **make sure you are filling out the same information.** By the last day of August you will receive an official carpool number to be displayed in your car. (Two's families will be given name cards to display in lieu of numbers).

<u>Child(ren) in Carpool</u>	<u>Parent Name</u>	<u>Class/Teacher</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **(ITP; 2s-K)**

Please list any other adults (besides those listed above) who have your permission to transport your child to or from school for carpool purposes or in the event of an emergency:

<u>Name</u>	<u>Relationship or Position</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I understand I must inform the school in writing of any changes in my child's carpool schedule or persons who will transport my child to and from school.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_