



Carpool Information - School Year 2019- 2020

Please complete this form if your child will be in a carpool.

Child's Name _____ Grade: _____

The following children are part of my carpool:

<u>Name</u>	<u>Grade</u>	<u>Home Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have a set schedule, please note which parents will be picking up the children at dismissal time.

Monday: _____ Tuesday: _____

Wednesday: _____

Thursday: _____ Friday: _____