

# GROUP CARPOOL AUTHORIZATION

If you will participate in a carpool with another family whose child(ren) attend ACE, to assist the staff during afternoon dismissal, please complete the following form.

**This form is for daily carpools, NOT for emergency contacts or play dates.**

Thank you for your assistance in helping us to be more efficient.

I give permission for the individual(s) listed below to pick up my child(ren) \_\_\_\_\_ at *afternoon* dismissal for the 2017-2018 school year.

YOUR FAMILY INFORMATION



My Family Tag # \_\_\_\_\_

EXAMPLE

1	2	3	4	5
	Names of Person(s) Picking Up Student(s)	Dismissal Tag Number	Driver's Child/Children	Circle the Days This Carpool Will Be Used
1	Mr. Smith	#56	Bobby Smith, Jane Smith, Jimmy Smith	(M) T W Th F
2	Mrs. Brown	#33	Susan Brown	M T (W) Th F



OTHER FAMILY'S INFORMATION

1	2	3	4	5
	Names of Person(s) Picking Up Your Student(s)	Dismissal Tag Number of Person Picking Up Your Student(s)	Other Driver's Child/Children FULL NAME Please	Circle the Days This Carpool Will Be Used
1				M T W Th F
2				M T W Th F
3				M T W Th F
4				M T W Th F
5				M T W Th F
6				M T W Th F

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date