

Carpool/Designated Driver Information 2020-20221

Student's Name _____

Carpool

My student will be (check one):

_____ Leaving at 3:00 as an individual rider

_____ Leaving in an after school program

_____ Leaving at 3:00 in a carpool

_____ (Please list pick up program)

If you have set up a carpool, please complete this form and return it to the school as soon as possible. If carpools are formed at a later date, or if changes are made, please notify the school office with a dated, signed note.

Please fill in the full names of all the **STUDENTS**, including your child's, in your carpool:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please list the full names of the **ADULTS**, including yourself and/or your spouse, who will be driving the carpool:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Designated Driver

In an effort to keep your child/ren completely safe while they are in our care, a stringent method of having children picked up both after school and during school hours has been adopted.

We must receive a **DATED** and **SIGNED** note from the parent telling us if any person other than the parent is picking up your child. **Please note that we will NOT ALLOW anyone to pick up your child who is not on this list unless we have received a written note from you, or unless the driver is a member of the daily carpool.** Any change in carpool must be made by a signed, dated note.

Below please list the names and phone numbers of people who **MAY** pick up your child.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

If the carpool attendants do not recognize the person picking up your child, they will ask that the person come into the office and sign the child out. When in the office, we will ask for a driver's license or some form of I.D. **Only individuals on your list will be allowed to take your child.**

Below please list the names of people who **MAY NOT** pick up your child.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

We appreciate your cooperation as we work to ensure the safety of our children.

I have read, understand and agree to abide by the carpool and dismissal policies.

Mother: _____
Mother's Signature/Date

Father: _____
Father's Signature/Date