

Methodist Day School CAR POOL FORM

Today's date: _____

Child(ren)'s name(s):

Name: _____

Name: _____

Names of children carpooling together:

Name: _____

Name: _____

Name: _____

Name: _____

Names of people (18 yrs. & older) that may pick up children:

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Days carpooling together: (check appropriate boxes)

Monday Tuesday Wednesday Thursday Friday

Carpool Start Date: _____

I, _____, give my permission for my child(ren) whose name(s) is/are listed above to ride home with the children and adults listed on this form. I understand that if our arrangement should change on any given day that I must send a note in writing.

Parent's signature: _____

Date: _____