

St. George's Independent School Carpool Information Sheet 2016-2017

NAME OF CARPOOL: _____ STUDENT NAME: _____

Please carefully read the following instructions and complete the following form.

- One carpool form must be completed for every child. Please confer with your other carpool members to ensure accuracy among you.
- Only one name for each carpool is required for carpools. Choose one family's name for the entire carpool. For example, if the Browns, Smiths, and Joneses are in one carpool, they will all fill in the carpool name section on their individual carpool forms with "Brown" (or whichever name they choose).
- Please display your carpool sign on the passenger's visor. Your carpool sign will be sent home on the first day of school.
- All students should be dropped off and picked up at the main entrance.

Please check the following:

___ Attends Extended Day

Name of each child in carpool	Grade	Homeroom Teacher

Names of drivers who may pick up this carpool:

1 _____ 2 _____ 3 _____
 4 _____ 5 _____ 6 _____

Names of drivers who may NOT pick up:

1 _____ 2 _____ 3 _____

Name of person completing this form: _____ Date: _____

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