



Episcopal Collegiate Lower School

Transportation Form

2016-2017

STUDENT NAME: _____ GRADE: _____

HOMEROOM TEACHER: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

MY CHILD WILL CARPOOL WITH THE FOLLOWING EPISCOPAL COLLEGIATE STUDENTS:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MY CHILD AT CARPOOL:

1. _____
Name Home Phone Number Cell Phone Number

2. _____
Name Home Phone Number Cell Phone Number

3. _____
Name Home Phone Number Cell Phone Number

4. _____
Name Home Phone Number Cell Phone Number

5. _____
Name Home Phone Number Cell Phone Number

6. _____
Name Home Phone Number Cell Phone Number

It is your responsibility to notify the Lower School Office of any changes in your carpool during the school year.

******IMPORTANT NOTE***: Children will be released ONLY to persons listed on this carpool form unless arrangements have been made in advance with the school office.***

PARENT SIGNATURE: _____