

<i>Office Use Only</i> Room: _____ Class: _____ Teacher: _____

**Our Lady of the Lake
Religious Education and Faith Formation**

CARPOOL FORM

PLEASE PRINT CLEARLY

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Please CIRCLE all that apply

- Sunday 9:30 11:00 12:15 7:00 8:30
- Tuesday 5:30 7:00
- Wednesday 5:30 7:00
- Thursday 5:30 7:00

Effective Dates From: _____ To: _____

Picked up by: _____
Relationship to Student: _____ Phone Number: _____

Picked up by: _____
Relationship to Student: _____ Phone Number: _____

Picked up by: _____
Relationship to Student: _____ Phone Number: _____

Parents Name: _____

I give permission to the above individual(s) to pick up my child (children).
I understand that it is my responsibility to inform the office if there are any changes in the carpool schedule.
Parents Signature: _____

Date: _____