



Carpool Application

Please complete the information below and return to the school office or your child's teacher. Any students dismissing via carpool must have an assigned number.

Names of Student(s) to be picked up in the carpool area:

- | | |
|----------|----------------|
| 1. _____ | Teacher: _____ |
| 2. _____ | Teacher: _____ |
| 3. _____ | Teacher: _____ |
| 4. _____ | Teacher: _____ |
| 5. _____ | Teacher: _____ |

Name of Adults Authorized to Pick up Above Students WITH the carpool number displayed:

- | | | |
|----------|---------------------|--------------|
| 1. _____ | Relationship: _____ | Phone: _____ |
| 2. _____ | Relationship: _____ | Phone: _____ |
| 3. _____ | Relationship: _____ | Phone: _____ |
| 4. _____ | Relationship: _____ | Phone: _____ |

I, and those I authorize to pick up my students, understand and agree to abide by the Carpool Procedures for Hunter GT / AIG Magnet Elementary School.

Signature of Parent / Guardian

Date

Please complete only one form per family.