



## Carpool Authorization Form 2024/2025

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The following individual(s) have my authorization to pick up my child (named above) from St. Anthony of Padua CFF

Adult Name

Phone Number

1		
2		
3		
4		

The following Individual(s) ARE NOT AUTHORIZED AT ANY TIME to pick-up my child: Adult Name

1. \_\_\_\_\_

2. \_\_\_\_\_

**X**

**X**

Signature of Parent/Legal Guardian

Date

Daytime phone \_\_\_\_\_

Daytime e-mail \_\_\_\_\_

**IMPORTANT SAFETY NOTE:** In order to insure the safety of all our students, no child will be released to anyone other than the person(s) named above for any reason. Persons named above must have a valid ID.