

Authorization Form for
Car Riders/Walkers 2016-2017

Student Name: _____ Grade: _____

Homeroom: _____

Contact Person: _____ Relationship to Student: _____

Phone Number: _____ Alternate Phone Number: _____

I _____ give permission for _____
(legal guardian) (student's name)

to be a Car Rider / Walker for the school year of 2016-2017.

List all students in the same vehicle: _____

(Legal Guardian's Signature)

(Date)

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