



Calvary Episcopal School and College Prep



Request for Carpool

Parent/Guardian _____

Address _____

Contact:

Phone(s) _____

Email(s) _____

Subdivision and General Location of Home _____

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

In signing this document I agree to allow Calvary Episcopal School to share my name, children's names, address, and other information provided on this form. I also understand and agree that Calvary Episcopal School assumes no liability based on the formation of a carpool agreement between individuals and/or families.

Parent/Guardian

Date

After filling out this form, please return it to the school office. The school will then forward any matches to the parent/guardian named on the application. The school will not be involved in the formation of the carpools.