MAGEN DAVID YESHIVAH

CAR POOL REGISTRATION FORM
GRADES 1-8
2020- 2021

Parent Name: _____

Address _____

Home Phone _____ Cell or Emergency _____

Please list all of the children who will be part of the car pool. Please include your own children. Every car pool parent must complete this entire form.

Name	Address	Home Phone	Cell or Emergency	Grade

Please list all the parents/guardians who will be the designated drivers of this car pool and which day(s) of the week they will be driving:

NAME	ADDRESS	HOME PHONE	CELL OR EMERGENCY	DRIVING DAY

You will be assigned a car pool number and issued a sign for each vehicle participating in your car pool. For security purposes, no car without a car pool number displayed in their window will be able to use the front of the school for pick-up. All forms should be faxed to 718-954-3315 or brought to the Elementary School Office no later than September 2nd.