



**GALE-BAILEY ELEMENTARY SCHOOL CAR RIDER
PARENT/GUARDIAN FORM**



**Please print/type the information below and
present photo identification to our office staff.**

Student's Name: _____ Date of Birth: _____ Grade: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardians' Names: _____

The following people are listed on my child's/children's emergency card(s) and may present the car visor to pick up my child/children.

Name:	Relation:
_____	_____
_____	_____
_____	_____

I understand that I am to attach and show the car visor on the passenger side visor of my vehicle. This will help the Gale-Bailey Staff identify (me or the designated person) who is picking up my child/children.

Parent/Guardian's Signature: _____
=====

For Office Use

Date Completed: _____

