CAR RIDER FORM

Center Grove Elementary School

STUDENT INFORMATION

Name(s):

Car Rider

*Office will assign

(19-20 EVERYONE will receive a new number)



GUARDIAN INFORMATION

NAME	RELATIONSHIP	PRIMARY PHONE	SECOND PHONE
PICK UP DAYS	MON ☐ TUES ☐ WEDS ☐ THURS ☐ FRI ☐ ALL ☐		

OTHER PICK UP INFORMATION

NAME	RELATIONSHIP	PRIMARY PHONE	SECOND PHONE
OTHER INFO:			

CAR RIDER FORM