Matapeake Elementary
Permanent CAR RIDER

Student’s FULL name: ________________________________
Teacher’s name : ________________________________
Today’s Date : ________________________________

Please circle the days this will be in effect (FOR CAR RIDERS ONLY)

M  T  W  TH  F

Please provide the names of people authorized to pick up your child.

Name: ________________________________   Phone: ________________
Name: ________________________________   Phone: ________________
Name: ________________________________   Phone: ________________
Name: ________________________________   Phone: ________________
Name: ________________________________   Phone: ________________
Name: ________________________________   Phone: ________________
Name: ________________________________   Phone: ________________

*Picture Identification is required
*Please write legibly