



# CAR POOLING REGISTRATION

In attempt to assist families in transporting their children, we are setting up a more formal carpooling system. We will collect forms from all families who are interested in participating, and distributing the information accordingly.

**We ask that if you are interested in participating in the car pooling system that you please return this form to school as soon as possible.**

We will collate the information, and using a special program we will be able to provide each participant a link to a digital map of other families who are interested in carpooling. At that point, the carpooling will be in your hands. We will provide you with the contact information of other families, and you can contact them to try to find a solution that will work for your and the other families.

Student's Last Name	Student's First Name	Grade	Class
Number of students in your family attending TN	Do you plan to utilize Before/ After Care?		
Address where children will be for car pooling			
City	State	Zip Code	
Email Address	Telephone One	Telephone Two	
How many miles would you be interested in traveling to car pool?	How many kids can fit in your vehicle?		

*Please know that information shared on this form will be made available to other families who live close to your home. By signing below, you acknowledge and authorize this release.*

Parent Signature	Date

