

# Lincoln Christian School

## Carpool Release Form

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I am willing to use and/or provide the service of a carpool. I give permission for my name, address and phone number to be made available to other Lincoln Christian School parents in my zip code who have also signed a carpool release. I understand this form does not obligate me to carpooling, but is for the purpose of exchanging information.

Parent's/Guardian's Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Major intersection nearest your home: \_\_\_\_\_

\_\_\_\_\_

Names and grades of students:

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_