

**Dr. James Craik Elementary School**  
**School Dismissal Pick-up**  
**EVERYDAY Car Rider Permission Form**  
**School Year 2017-18**

Please complete the form below authorizing the student(s) listed to be picked up every day as car riders from Dr. James Craik ES by the adult(s) listed on the form. Car riders should be picked up between 3:40-3:50 pm. Please be prompt when picking up students and follow established traffic procedures.

**PLEASE PRINT**

Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Primary person that will be transporting on daily basis: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Vehicle #1:** Make/Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate # \_\_\_\_\_

**Vehicle #2:** Make/Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate # \_\_\_\_\_

The following are also authorized to transport my child (children) in my/our absence and are listed on each child's emergency card.

**1. Name** \_\_\_\_\_

relationship to child: \_\_\_\_\_

**2. Name** \_\_\_\_\_

relationship to child: \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Parent's Name Printed**