



PINELLAS PREPARATORY ACADEMY

PINELLAS PRIMARY ACADEMY



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 distribute 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 Information

<i>Student Name (Please print)</i>	<i>Grade</i>	<i>ID Number</i>
<i>Number of students in your family attending PPA or PPA, Jr.</i>	<i>Do you plan to utilize Before/After Care?</i>	
<i>Address where children will be for car pooling</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Email Address</i>	<i>Telephone Number 1</i>	<i>Telephone Number 2</i>
<i>How many miles would you be interested in traveling to car pool?</i>	<i>How many children can fit in your vehicle (other than you own children)?</i>	
<i>Check which of the following apply</i> <input type="checkbox"/> I would like to offer help transport other children, I do not need help with transporting my children <input type="checkbox"/> I am unable to help transport other children, but need someone to transport my children <input type="checkbox"/> I would like to work out a situation where I take turns driving with another family		

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.

<i>Parent Name (Please Print)</i>	<i>Parent Signature</i>	<i>Date</i>
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