

WIDEWATER ELEMENTARY AFTERNOON CAR RIDER FORM

Please only fill out this form if your child is a permanent AFTERNOON car rider for any days of the week.

Student name _____ Teacher _____
Parent/Guardian _____
Home Phone _____ Work Phone _____
Home Address _____

In case of emergency, who can pick up your child?
Name _____ Phone _____

Please list first and last names of additional students who will be picked up with this child, for example siblings or neighbors. (This ensures all of these students will be assigned to the same number.):

Name of person(s) who will be picking up or allowed to pick up your child on a regular basis through the car rider line:

_____ Phone _____
_____ Phone _____

Please check the days of the week when your child will be a permanent afternoon car rider:

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Everyday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |

Check that you have read this statement:

___ Any day-to-day change to this form should be made through a note to the classroom teacher.
Contact the office to make permanent changes to the form or to remove your child as a car rider.

Parent Signature _____ Date _____

Returning car rider? What
number did you have last
year? _____



FOR OFFICE USE ONLY
Date Received _____
Assigned # _____