

# Car Rider Permission Form

Please complete this form below authorizing the student(s) listed below to be picked up every day as a car rider.

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

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

1. Name \_\_\_\_\_ relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ relationship to child \_\_\_\_\_

Please send to [Kennisa.Royal@jpschools.org](mailto:Kennisa.Royal@jpschools.org) if you are unable to submit via email please contact the school at 504-341-1351.