

Spartanburg Day School
Carpool Pick-Up – 3K – 4K
Approved Drivers 2016-2017

Student Name: _____

Family Member Signature: _____

In order for us to safely dismiss your child, we would like to ask for names of individuals that are permitted to pick up your child. **Please provide us with a photo ID of anyone that will pick up your child other than parents.**

Please list the individuals, phone numbers and their relationship to your child. Please let us know throughout the year if there are any changes to this information.

Individuals Name	Phone Number(s)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Please list the individual(s) who may NOT pick up your child:**

Individuals Name	Relationship
_____	_____
_____	_____