



CARPOOL REGISTRATION FORM

Name _____ Grade _____ DOB _____

Please list the students you will be carpooling with (must have **at least two siblings or one student from another family**):

1. _____
2. _____
3. _____
4. _____

Car Type _____

License Plate # _____

Sticker # _____

Town or City Carpooling From _____

I agree to only use my carpool card on days I carpool with at least two students.

Per California Law, I can legally drive persons under 20 without the supervision of a licensed adult aged 25 or older because I have been issued my license for more than 12 months.

Signature: _____

Date: _____

Please return form to **the Student Life Office**.