

STUDENT NAME:

DATE:

## Car Pool Information

### Children in Car Pool

1.	5.
2.	6.
3.	7.
4.	8.

### Car Pool Drivers

DAY	DRIVER AM	DRIVER PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please notify the school *in writing* if and when there will be substitutions. For your child's protection, we will *only release* a student to an individual *named* on this form.

## Field Trip/Carpool Information

In addition to the above, I understand that I may volunteer to be a driver during school field trips. My Driver's License Number is: \_\_\_\_\_ . I am insured through (list company) \_\_\_\_\_ .

Attached is a copy of my car insurance. (According to our policy, this is necessary for any parent to drive on field trips).

Signature:

Date:

Parent / Guardian



Fort Worth Hebrew Day School  
4900 Briarhaven Rd.  
Fort Worth, TX 76109  
Phone: 817-731-1086

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4050 South Hulen  
Fort Worth, TX 76109  
Phone: 817-737-9898