

Blessed Kateri Tekakwitha
Office of Faith Formation

CARPOOL FORM
(ONE FORM PER CHILD, PLEASE)

My child, _____ in class _____
Grade/Session

is permitted to leave class with the following person or family:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent signature: _____

Parent phone: _____ Date: _____

Additional comments:

Reminder: For the safety of ALL of our children,
please do not park in Handicapped Parking
nor in front of the building,
even short term. Thank you.