

PICK-UP AUTHORIZATION FORM (Carpool Form)

I give permission for my child(ren)
(child(ren)'s first and last name(s)
(child(ren)'s first and last name(s)
to be picked up by:
(Adult's first and last name)
(Adult's first and last name)
Check one:
☐ The adult(s) named above may pick up my child(ren) any time during the 2023-2024 school year.
☐ The adults(s) named above may pick up my child(ren) during this specified timeframe only:
Parent/Guardian Printed Name:
Parent/Guardian Signature:
Date:

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