

Goodridge Elementary

Occasional Car Rider Form

(to be submitted when a regular bus rider will be a pick-up)

Date(s) (must be consecutive dates if more than 1 day) _____

Student's Full Name _____ Teacher _____

Student's Full Name _____ Teacher _____

Student's Full Name _____ Teacher _____

Student's Full Name _____ Teacher _____

Person Picking Children Up on Date(s) noted above _____

Relation _____

Parent/Guardian Signature _____



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