

CARPOOL PICK-UP 2024-2025

Please indicate the people who have your permission to drop off and pick up your child

First/Last Name: _____

Relationship: _____

First/Last Name: _____

Relationship: _____

First/Last Name: _____

Relationship: _____

First/Last Name: _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____

KESHER L.D., INC.