



Bishop Ireton High School Car Pool Enrollment

Name: _____ / _____
(last) (first) (parent's name)

Address: _____
(street)

(city) (state) (zip code)

Phone: _____
(home) (work) (cell)

e-mail: _____

Transportation:

I can drive carpool in the mornings: ___ **yes** ___ **no** (arrive by 7:45am)

I can drive carpool after school: ___ **yes** ___ **no** (depart 3:15pm)

I can drive carpool after sports practice: ___ **yes** ___ **no** (6:30 pm)

Number of riders I could take is: _____

Primary carpool driver is _____ **adult** _____ **student**

(keep in mind recent VA law regarding young drivers and non-family passengers in a vehicle)

Your participation in the Bishop Ireton carpool system grants us permission to share the information above with other families in the School. The School does not provide any assurance or insurance regarding the arrangements for carpools that are made based upon the information we provide to facilitate this endeavor. You should take any precautions you feel necessary before committing to a carpool arrangement. The School does give priority in student parking assignments to students in carpools, but does not extend the registration deadlines for parking applications.

(Parent signature)

(date)