



Carpool Authorization Form

While my child is a student at Salisbury Academy,

I, _____, give permission for

(Print Parent/Guardian Name)

(Print Student Name)

to be picked up from the Salisbury Academy campus by the following people:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Parent

Date