## **Carpool Authorization Form**

While my child is a student at Salisbury Academy, I,, give permission for, (Print Parent/Guardian Name) (Printed Student Name)	
(Print Parent/Guardian Name)	(Printed Student Name)
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Parent Permission G Suite for Education and Digital	·
I have read and understood the expectation	ns regarding G Suite for Education
and other digital tools and give my permission	on for to
use them to enhance his/her learning experi	ience.
Student signature:	
Date:	
Parent/Guardian signature:	
Date:	