

Queen of Angels Catholic School
Afternoon Carpool/Dismissal
2011-2012

Family Name: _____

List your children and their grade level:

Student:

Grade:

_____	_____
_____	_____
_____	_____
_____	_____

Please indicate which option you prefer:

_____ Option #1 – **HOV Carpool** (Please check exit below)*

_____ My HOV Carpool will exit via Woodstock Road

_____ My HOV Carpool will exit via West wind Boulevard

Additional children riding in your HOV carpool each day (there must be at least 3 children in the carpool to participate in HOV):

Name (first and last)

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Option #2 – Regular Carpool

*Due to limited space, HOV is a first come/first serve availability. (No exceptions)

All Forms are due in by July 19, 2011
Fax # 770-518-0945, drop off, or mail