Car Rider Authorization

My Child/Children:

Child 1 First Name: _____

Child 1 Last Name: _____

Child 2 First Name: _____

Child 2 Last Name: _____

My child/children will be a car rider during the school year. The individuals other than myself listed below have my permission to pick up my child/children in the care rider line for the 2025-2026 School year.

I understand that if their name is not on this list Marlborough Elementary staff will not release my child to them without my written consent. If there is an emergency, consent may be emailed to: MEATTENDANCE@UPSD.org.

Parent First/Last Name: _____

Parent Signature: _____

Adult 1 First/Last Name: _____

Adult 2 First/Last Name: _____

Adult 3 First/Last Name: _____

Adult 4 First/Last Name: _____

Adult 5 First/Last Name: _____

Adult 6 First/Last Name: _____

Adult 7 First/Last Name: _____

Parental Special Instructions: _____

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