SchoolPool Family Discussion Checklist

	Family #1	Family #2	Family #3
Children's Names	1. 2. 3.	1. 2. 3.	1. 2. 3.
Parent's Name(s)	1. 2.	1. 2.	1. 2.
Teacher's Names	1. 2. 3.	1. 2. 3.	1. 2. 3.
* Medical Conditions/Allergies			
Driving Responsibilities			
Car available?	☐ Always ☐ Sometimes ☐ No	☐ Always ☐ Sometimes ☐ No	☐ Always ☐ Sometimes ☐ No
Do you want to share driving?	☐ Always ☐ Sometimes ☐ No	☐ Always ☐ Sometimes ☐ No	☐ Always ☐ Sometimes ☐ No
How do you want to share driving?	☐ Daily rotation ☐ Weekly rotation ☐ Monthly rotation ☐ Other (specify)	☐ Daily rotation ☐ Weekly rotation ☐ Monthly rotation ☐ Other (specify)	☐ Daily rotation ☐ Weekly rotation ☐ Monthly rotation ☐ Other (specify)
Driving schedule	☐ Days to drive are: (circle) M T W Th F	☐ Days to drive are: (circle) M T W Th F	☐ Days to drive are: (circle) M T W Th F
Pick-up order and schedule	Morning Stop# ____ Time:____ Afternoon Stop# ___Time:____	Morning Stop# _____Time:____ Afternoon Stop#____Time:____	Morning Stop#_____Time:____ Afternoon Stop#____Time:____
Cost-Sharing			
Driving expenses	☐ Share driving equally ☐ Contribute $ to driver ☐ Specify amount $___	☐ Share driving equally ☐ Contribute $ to driver ☐ Specify amount $_____	☐ Share driving equally ☐ Contribute $ to driver ☐ Specify amount $_____
Payment Schedule	☐ Per trip ☐ Weekly ☐ Other (specify):_____	☐ Per trip ☐ Weekly ☐ Other (specify):_____	☐ Per trip ☐ Weekly ☐ Other (specify):_____
Maximum Allowable Wait	☐ 3 minutes ☐ Other (specify)	☐ 3 minutes ☐ Other (specify)	☐ 3 minutes ☐ Other (specify)
Other carpool issues (Indicate preferences and special comments)			
Music okay?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
Food/drinks okay?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
After School Care / Activity Stop?	☐ Yes ☐ No ☐ Sometimes Location:_____	☐ Yes ☐ No ☐ Sometimes Location:_____	☐ Yes ☐ No ☐ Sometimes Location:_____
Other issues?			
Insurance	☐ Need to check policy ☐ Policy covers carpooling Liability limit $ _____	☐ Need to check policy ☐ Policy covers carpooling Liability limit $ _____	☐ Need to check policy ☐ Policy covers carpooling Liability limit $ _____
Carpool Communication Strategy			
	Family #1	Family #2	Family #3
Home Address			
Home/Work Phone			
Cell Phone #			
Email address			
Back-Up Person to Call in Emergency	Name: Phone:	Name: Phone:	Name: Phone:

Complete and distribute copies to your SchoolPool families & school contact.