

# SchoolPool

## APPLICATION FORM

### School Information

Is your school: ☐ Public ☐ Private ☐ Charter

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address

City State Zip

School Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_

### Staff Information

Superintendent name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Asst. Principal name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

SchoolPool Administrator: \_\_\_\_\_

Relationship to School: ☐ Superintendent/Principal/Asst. Principal ☐ PTO/PTA Officer

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Signature

**This form must be signed by the Superintendent, Principal, or authorized representative.** The signature provided by the preparer indicates that the information provided on this form is accurate to the best of his/her knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

or email completed form to [ridematching@mwco.org](mailto:ridematching@mwco.org).

