

2010-2011

NDPA Carpool Survey

QUESTIONNAIRE

Do you currently participate in a carpool? Yes____ No____ Sometimes____

Are you interested in a carpool? Yes____ No____ Maybe____

Do you have extra room in your carpool? Yes____ No____ Sometimes____

How many seats? _____

What are the grades of your children? K____ 1st____ 2nd____ 3rd____ 4th____

5th____ 6th____

7th____ 8th____ 9th____

What days are you available to drive? Mon.____ Tues.____ Wed.____ Thurs.____

Fri.____

Do you prefer drop-off or pick-up? Drop-Off____ Pick-Up____ Either____

CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Please email this survey to Shauna Elsberry, POET Carpool Chair, at the following email address: carpoolinfo@ndpa.org. She'll contact you as soon as possible to put you in contact with another NPDA family who may be compatible for your carpool needs.