Name of Student: ____________________________ Grade: _______ 2016-2017

Please print name in full

After-School Supervision (Grades 6-8 only)

No student is permitted in the Middle School building (unsupervised) after 4:00 PM. Students remaining on campus after 4:00 PM who are not involved in any school-sponsored activity will be enrolled in after-school at 4:00 PM and billed on a drop in basis. Late pick up after 6:00 PM will incur a fee of $30 per quarter of an hour, or fraction thereof.

<table>
<thead>
<tr>
<th>Full year: $3,485</th>
<th>Per semester: $2,165</th>
<th>Daily Drop in: $30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for: full year or Fall semester</td>
<td>Spring semester (please circle) full week or Mon. Tue. Wed. Thurs. Fri.</td>
<td></td>
</tr>
</tbody>
</table>

Bus Shuttle

$950 for one-way and round trip/year $555/semester One-way Drop-in Rate: $10

Indicate below the bus route(s) your child will use:

**Morning**

Primary School to Tregaron (Departure 7:45)

Registration for: full year or Fall semester Spring semester (please circle) full week or Mon. Tue. Wed. Thurs. Fri.

**Afternoon**

Tregaron to Primary School (Arrival 3:30)

Bus Rider Policy

The safety of the children using the School’s Bus Service is of utmost importance. Children who ride the bus are expected to adhere to the Bus Safety Rules published in the Family Handbook. These rules are strictly enforced to ensure the safety of all children. If, after repeated warnings, a child is unable to adhere to the safety rules, he/she will not be allowed to continue riding the bus.

Middle School students may leave the bus unaccompanied provided the authorization below is signed by a parent or guardian.

Signature of Parent/Guardian ____________________________ Date ____________

Please return this form to Carmen Lluch in the Middle School front office (lluch@wis.edu).

For Middle School students only: I authorize my child to leave alone after arriving at the Primary School campus at 3:30 PM via the school bus.

Signature of Parent/Guardian ____________________________ Date ____________

Electronic “Signature” Agreement & Security: Please enter your full name and the date in the areas provided. Your typed name and date will serve as your signature for this document. The electronic signature above and related fields are treated by Washington International School like a physical handwritten signature on a paper form as if actually signed by you in writing. Further, you agree that no certification authority or other third party verification is necessary to validate your electronic signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature.