To ensure the safety and well-being of the Primary School students, please list how your child (ren) will leave school.

NAME: ____________________________________________________________
   Please print name in full                                      Grade for 2015/2016

NAME: ____________________________________________________________
   Please print name in full                                      Grade for 2015/2016

NAME: ____________________________________________________________
   Please print name in full                                      Grade for 2015/2016

My children will be picked up:

  ____ On foot from the R Street gate (Grades 1 to 5)

  ___ With parent: ______________________________________________
  ___ With a Caretaker (Name/s): ___________________________________

  ____ In car line:

  ___ With Parent: ______________________________________________
  ___ With a Caretaker (Name/s): ___________________________________
  ___ Carpool

(If you do not yet know with whom you will be carpooling, check this option and indicate “to be determined”.)

  ____ By WIS inter-campus shuttle (form available on the Auxiliary Programs section of the WIS website)

  ____ Other: please specify: __________________________________________

I understand that this will be for the duration of the entire academic year 2015-2016.

If there are any permanent changes to this arrangement, notify the Primary School office in writing.

____________________________________________________________________

Signature of Parent/Legal 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.

Please return this form to: Primary School, Washington International School, 1690 36th Street, NW Washington, DC 20007 or email to fletcher@wis.edu.