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 2016/2017

NAME: ___________________________________________________________ ________________
Please print name in full Grade for 2016/2017

NAME: ___________________________________________________________ ________________
Please print name in full Grade for 2016/2017

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 carpooing, 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 2016-2017.

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.