

1730 R Street, NW
Washington, DC 20009
Phone: (202) 673-7200

Fax: (202) 673-6644

Holly M. Searl, Principal

WALKING HOME CONSENT

Student Name: _____

Teacher: _____ Grade: _____

At the end of the school day, my child _____ will:
Child's Name

(check one)

Be sent to After Care

Be picked up by parent/guardian/designated person:

Walk home to: (address) _____

Walk/take Metro home to: (address) _____

I agree I will notify the school in writing if I choose to change my child's dismissal plan.

Parent Signature: _____

Parent Name (print): _____

Date: _____