

John Stanford International School Safety Patrol Sign Up Form

Questions? Contact Ms. Kathleen kmgillespie@seattleschools.org or Ms. Connie caolson@seattleschool.org

I understand the [duties and responsibilities](#) of Safety Patrol. I give my consent for my child to serve as a member of the JSIS Safety Patrol.

Patroller Name: _____ Morning Classroom _____

Parent Permission Signature: _____

Parent Contact email/phone: _____

Please check as many days and times as you CAN. (FYI, a desire to sleep in is NOT a good reason to say no to AM shifts.)

AM Shifts 7:30-7:50, PM Shifts 2:00-2:20

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM

Notes about teammates, carpooling, bussing, etc.
