

Early closing/Emergency Plan for _____ SY:
Our primary concern during emergencies/early closings is to have your child arrive home safely. Please complete this form for **each of your children**.

Please list the names of your other children at _____ for SY:

Student's Name: _____ Grade: _____ Teacher (TBA): _____

Student's Name: _____ Grade: _____ Teacher (TBA): _____

Student's Name: _____ Grade: _____ Teacher (TBA): _____

***Please select one choice only**

For students who ride buses, if school closes early: Student's Bus #: _____

I give my permission for my child to board the bus and sent home without any need for telephone contact from the school.

I give permission for my child to be sent home on the bus even though I cannot be reached. I have made arrangements with my neighbor _____ (name) to bring my child into their home until I arrive home. The address for this person is _____ and their telephone number is _____. I understand that the school will not call this neighbor because I have taken the responsibility to make these emergency arrangements.

I want to be reached by telephone and will pick up my child immediately (in the school building) rather than have them ride the bus on these days. Home # _____ Duty #: _____
Parent Cell #1: _____ Parent Cell #2: _____

I prefer to be reached by telephone before dismissing my child to ride the bus. However, I understand that if I cannot be reached before the buses depart that my child will not be able to board the bus and I will have to pick him/her up immediately at a designated location ** Home # _____ Duty #: _____
Parent Cell #1: _____ Parent Cell #2: _____

My child is enrolled and attends School Age Services (SAS), located at _____, after school. Please release my child to School Age Services (SAS)

For Students who walk, if school closes early:

Please release my child to walk home as soon as the decision to release students is made (only 3rd, 4th, and 5th grades) Parents or guardian must pick up Kindergarten, 1st, and 2nd grades.

I want to be reached by telephone and will pick up my child immediately (in the school building).
Home # _____ Duty #: _____
Parent Cell #1: _____ Parent Cell #2: _____

I prefer the school reach me before releasing my child to walk home.
Home # _____ Duty #: _____
Parent Cell #1: _____ Parent Cell #2: _____

I give permission for my child to walk home though I cannot be reached. I have made arrangements with my neighbor _____ (name) to bring my child into their home until I arrive home. The address for this person is _____ and their telephone number is _____. I understand that the school will not call this neighbor because I have taken the responsibility to make these emergency arrangements.

My child is enrolled and attends School Age Services (SAS), located at _____, after school. Please release my child to School Age Services (SAS)

**In our effort to get students home as quickly as possible, the school will make contacts as you have requested above. During emergencies we also have a responsibility to get our staff home safely. If we have been completely unable to reach you and you do not want your child sent home without a school contact, as a last resort it may be necessary to take your child to the MP station for you to pick them up there. We will make all possible efforts to contact you prior to this decision.

I understand and have granted permission as checked above. Students who are picked up at school must be picked up in the building by the parents or designated emergency contact. I understand that I am responsible for meeting the base/post standards or child supervision.

Parent's Name (PRINT)

Parent's Signature

Date