EMERGENCY DISMISSAL FORM

STUDENT NAME ____________________________  TEACHER ________________________

In the event that school is dismissed early due to weather, hazardous conditions, etc., I WISH FOR MY CHILD TO:

☐ Go home on his/her regular bus # ________________________________

☐ Go to SACC

☐ Go home with ________________________________ on bus # ________________

☐ Be a car rider.

We CANNOT allow children to call home for instructions on early dismissal days. Therefore, it is imperative that your child knows how he/she is to get home on these days.

______________________________________________________________________________________________

Individuals below have my permission to check my child out of school:

Name _______________________________ Relationship ___________ Phone #_______________

Name _______________________________ Relationship ___________ Phone #_______________

Name _______________________________ Relationship ___________ Phone #_______________

Name _______________________________ Relationship ___________ Phone #_______________

Name _______________________________ Relationship ___________ Phone #_______________

Name _______________________________ Relationship ___________ Phone #_______________

☐ Yes, I give permission to publish our names, address, phone numbers, and email in the school directory.

☐ Yes, I give permission to share personal contact information with my child’s room parent.

☐ No, I do not give permission to share personal contact information or publish info. in the directory.

PARENT SIGNATURE ____________________________________________ DATE _______________