



Student Emergency Dismissal Plan

Please fill out this information with your child. Please discuss with them what to do if school is dismissed due to an emergency and you are not aware that school has been dismissed. (Place an "X" in the appropriate box below to indicate your preference.)

Name of Student: _____ Teacher: _____

Parent Name: _____ Parent Signature: _____

School Building: _____ Date: _____

If school were dismissed early, **UNEXPECTEDLY**, my child is to follow the directions checked below: (It may not be possible to make phone calls.)

My child goes home on the bus as usual and follows these directions:

My child will be picked up.

If phone calling is possible, we will call to make you aware of the early dismissal. Names and numbers of individuals to call (in order of preference) for **emergency early dismissal** are:

Name	Number(s)
1)	
2)	
3)	
4)	
5)	