

MEADOWBROOK SCHOOL

INCLEMENT WEATHER / EMERGENCY DISMISSAL

STUDENT'S NAME: _____ **GRADE:** _____

PARENT'S NAME: _____

SIBLINGS IN SCHOOL:	<u>Name</u>	<u>Grade/Teacher</u>
	_____	_____
	_____	_____
	_____	_____

IN THE EVENT OF AN UNSCHEDULED EARLY DISMISSAL,

_____ **1. PLEASE DO NOT CONTACT ME.** My child will follow his/her normal end of day bus or car dismissal procedures (excluding Extended Day). I understand early district bus departures will be posted on the web as information becomes available.

School Bus/District _____
or
Pick up by _____

_____ **2. PLEASE DO NOT CONTACT ME.** I want my child to go home with any of the following people. These arrangements have been put in place and discussed with my child. I will be informed as to the status of my child by one of the people listed below.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If the **Extended Day** program is cancelled, my child will be picked up by:

Name: _____ Phone: _____

_____ **3. PLEASE CALL ME at ()** _____ . My child will not follow his/her normal end of day transportation procedures.

Emergency Contact(s): _____
Name Phone

Name Phone