UNEXPECTED SCHOOL CLOSURE CONTINGENCY PLAN

Please complete and return to your child's homeroom teacher

CHILD'S NAME: _____

TEACHER'S NAME: _____

PLEASE VERIFY:

_____ Bus Student

_____ Walking Student

_____ Driven Student

_____ Daycare (*please specify name*)

Does the daycare provide transportation?
Yes _____ No _____

OPTIONS: In cases of unexpected school closure: (*Please check the appropriate box*)

___ I do not need to be contacted

___ I need to be contacted Phone number(s): _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

My child will be going to the regular destination? Yes _____ No _____

My child has a plan, which includes at least one alternate address in cases when school may be closed & the normal destination is not an option. Please provide the details of the alternate address.

Name of Alternate	Alternate Address	Alternate Phone Number

If your child is walking please indicate if walking alone or if being picked up and by whom:

_____ Walking on own

Picked up by _____

Parent/Guardian (*Please Print*) _____

Telephone (home): _____ **Telephone (work):** _____

Signature: _____