

Please complete and return by
Thursday, September 7th

**2017-2018 SCHOOL YEAR
EMERGENCY SCHOOL CLOSING**

CHILD'S NAME _____

INSTRUCTIONS: *(Please indicate what you would like us to do in the event school is closed during the day, earlier than the usual dismissal time.)* **CHOOSE ONE ONLY.**

- ALLOW MY CHILD TO GO HOME ON THE BUS.
- ALLOW MY CHILD TO GO TO _____.
- I WILL PICK MY CHILD UP.
- ALLOW MY CHILD TO GO HOME WITH _____.

PARENT SIGNATURE: _____

LOOK

Emergency School Closing

Announcements will be carried over the following Radio/TV Stations:

WIXX (FM 101)

WBAY – TV 2

If there is an exception to the above, indicate below. Be VERY SPECIFIC:

