

# SOMERS INTERMEDIATE SCHOOL EMERGENCY SCHOOL CLOSING

Please complete the form for each SIS child in your family. Keep a copy for your records. Print this form and return it to the SIS Main Office, AS SOON AS POSSIBLE.

**YOU MUST NOTIFY THE OFFICE OF ANY CHANGES THAT OCCUR ANYTIME DURING THE YEAR.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher/Homeroom: \_\_\_\_\_ PM Bus: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY SCHOOL CLOSING,**  
**BUS NOTES WILL NOT BE HONORED**  
**Unless they are for childcare purposes**

PLEASE CHECK ONE:

\_\_\_\_\_ My child will go home to the regularly scheduled afternoon bus stop

\_\_\_\_\_ My child should go home with:

Child	Grade	Teacher/Homeroom	Bus Letter
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If an emergency closing is necessary you will be notified using the following numbers. Please list in order of priority – **YOU MUST LIST THREE NUMBERS.**

Name _____	Relationship _____
Home phone _____	Cell Phone _____
Name _____	Relationship _____
Home phone _____	Cell Phone _____
Name _____	Relationship _____
Home phone _____	Cell Phone _____

**EVERY ATTEMPT WILL BE MADE TO NOTIFY YOU OF AN EARLY/EMERGENCY SCHOOL DISMISSAL. THESE EMERGENCY PLANS WILL AUTOMATICALLY GO INTO EFFECT, WHETHER OR NOT YOU ARE ABLE TO BE CONTACTED.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_