

PRIMROSE SCHOOL EMERGENCY SCHOOL CLOSING

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

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

Child's Name: _____
Teacher/Homeroom: _____

Grade: _____
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 on the regularly scheduled afternoon bus stop

_____ My child should go home with:

Child Grade Teacher/Homeroom Bus No.

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 _____ Home phone: _____	Relationship _____ Cell phone: _____
Name _____ Home phone: _____	Relationship _____ Cell phone: _____
Name _____ Home phone: _____	Relationship _____ 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: _____