

The Laddie A. Decker Sound Beach School

197 North Country Rd., Miller Place, NY 11764

Telephone: (631) 474-2719 Fax: (631) 474-2497

EMERGENCY CLOSING CONTACT SHEET

YOUR CHILD'S NAME _____

TEACHER _____

PARENT SIGNATURE _____

***PLEASE INDICATE WHERE YOUR CHILD WOULD GO IF SCHOOL SHOULD
CLOSE EARLY DUE TO INCLEMENT WEATHER OR AN EMERGENCY. BE
SURE TO INCLUDE DIRECTIONS FOR EACH DAY OF THE WEEK.***

_____ My child should go home on his/her regular bus.

Bus letter _____

Days _____

_____ My child will NOT go home on his/her bus but will go to:

Person's name _____

Address _____

Different bus letter _____ and stop _____

Days _____

_____ My child attends after school child care with the North Shore Youth Council
which closes in the event of an emergency early dismissal. **I have discussed with
my child and indicated above what he/she will do in that case.**

Please return this form to the classroom teacher
ASAP