

Parent(s) or Guardian:

Please complete the back of this nonscheduled school closing card and return it to your child's teacher. This information is needed in the event of an emergency closing after the children have arrived at school. The numbers given for emergency contacts should be daytime phone numbers. Our Home & School Association helps us organize an early dismissal so please keep these numbers current

Is there a neighbor who may sign out your child if we are unable to reach numbers on the other side of this card? If so, please list them at the bottom of this side.

It is very rare for us to have a nonscheduled school closing but there are times it is necessary. We appreciate your cooperation.

Name _____

Name _____

Non Scheduled Emergency School Closing

Grade _____ Teacher _____

(Last Name) (First Name) (MI)

HOME PHONE #(____) _____

FEMALE PARENT OR GUARDIAN:

NAME: _____

WORK PHONE#(____) _____

PLACE OF EMPLOYMENT: _____

RELATIONSHIP _____

CELL PHONE# _____

CUSTODIAL PARENT: YES NO (circle)

MALE PARENT OR GUARDIAN:

NAME: _____

WORK PHONE#(____) _____

PLACE OF EMPLOYMENT: _____

RELATIONSHIP _____

CELL PHONE# _____

CUSTODIAL PARENT: YES NO (circle)

IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY, CONTACT:

1ST Choice:

Phone #(____) _____

Name: _____

Cell Phone #(____) _____

Relationship: _____

2nd Choice: Phone #(____) _____

Name: _____

Cell Phone #(____) _____

Relationship: _____