

Emergency Early Dismissal Approval Information

School Zone of Residence (Please check one):

___ John Paulding ___ Morse ___ Washington Irving ___ SHMS

(Please **Print** All Information)

Student _____ Grade/Teacher _____
School Year _____

Address _____

Parent _____ Telephone: Home _____

Cell # _____
Business _____

Parent _____ Home _____

Business _____

Cell# _____

In the event school is closed before regular dismissal time – (please check all that apply)

- My child may go home only with me.
- I give my approval for my child to walk home.
- I give my approval for my child (named above) to walk home only if accompanied by his/her brother/sister.
(Please list their name(s) and class)

- I give my approval for my child to go home on the school bus.
- In the event that I am unable to pick up my child, I give my approval for my child to go home with any one of the following individuals: (A student will not be sent home with anyone not previously approved.)

<u>Individual's Name</u>	<u>Individual's Telephone #</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If necessary, please use back of form for additional individuals names.)

- Other: Please specify: _____

Date

Signature of Parent(s) Giving Approval