

ST. BARTHOLOMEW SCHOOL

Family Last Name: _____

Student(s) First Name (s): _____

Emergency Dismissal Arrangements

(ONE FORM PER FAMILY)

In the event of an Emergency Dismissal for any reason, such as inclement weather and/or an emergency situation, please make **one choice** from the list below as to how your child/children will go home from school. *Please remember this information will only be used in the case of an **Emergency Dismissal**.*

Please choose only one mode of transportation for Emergency Dismissal.

_____ **BUS RIDER**

My child/children will ride the bus.

Town: _____

_____ **CAR RIDER**

My child/children should be sent to the cafeteria or another location as directed by the school. They will remain there with a teacher and/or staff member until the adult listed below comes to pick them up.

Name/Home Number/Cell Number of person(s) with permission to pick up:

_____ **AFTER SCHOOL CARE**

My child/children should be sent to After School Care. Please note that After School Care will close **ONE** hour after the school dismisses. *For example, if school closes at 12:00 Noon, After School Care will close at 1:00 PM.*

Parent/Guardian Signature: _____

Date: _____