

Snow Closing and Unexpected Dismissal Form

2020-2021

Wisconsin Heights School District

The information on this form will be used to help us get your child to the proper place in case of an unexpected school closing. Please be sure it is accurate and that you have reviewed it with your child. The school will not call individual parents. Thank you for your cooperation!

Student Name: _____

Grade: _____

Homeroom Teacher: _____

School: _____

Parent Signature: _____

Date: _____

My child should follow his/her usual routine: Yes No*(please fill out information below)

If Yes:

- My child has access to the house in case no one is home.
- I have reviewed this procedure with my child.

If No, please choose the appropriate option: (please fill out only one option)

- My child should **walk** to: (name, address and phone number)

- My child **should ride a different bus** to: (name, address and phone number)

- My child will be **picked up by**: (name and phone number)

- My child should **ride the same bus but get off at a different stop**: (name, address)

- Other**: Please give information or the plan for your child:

***The people I have listed above have agreed to be responsible for my child unless I inform the school otherwise. Our signature above indicates that I have reviewed the plan with this child. I understand it is my responsibility to notify the school immediately if there are any changes.**