

EMERGENCY EARLY DISMISSAL INFORMATION

Lewin G. Joel, Jr. Elementary

Dear Parent(s)/Guardian(s):

It is possible that school may close early, on short notice. We suggest you discuss a "Back-up Plan" with your student so he/she will know where to go in case this situation arises. It is very reassuring to your student to know that emergency dismissal arrangements have been made with neighbors, day care providers, etc.

In order to safely dismiss students, please complete the information below and return this form to school. Clinton Public Schools utilizes an electronic notification system to announce early dismissal, delayed openings, and school closings. Please ensure you have provided a number where these notifications will successfully reach you. For announcements you may also check the district website at www.clintonpublic.net as well as all local television stations.

Studen	t Name:	Teacher:	Grade
	In the event of early dismiss	sal, my student will go to (please select	only one):
	Home (An adult/older sibling will be there to meet the student.)		
Parent/	Guardian:	Daytime Phone	
Addres	s:		
	Day Care Provider (Day Care Bus Form PS-005 must be o	Day Care Bus # Out: n file)	
Provide	er Name:	Phone:	
Addres	s:		
	Friend/Neighbor/Relatives House	Bus # Out:	
Name:		Daytime Phone	
Addres	s:		
Parent/Guardian Signature Date			Date
Origina	I: School Office Copy: Classroom Te	acher	

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