

Parkview Primary

STUDENT PLAN FOR EARLY SCHOOL CLOSURE

The following form is used in the event of an unannounced early school closure due to inclement weather or other emergency. The information you provide below will be used in two possible situations:

1. An unannounced early closure in which students are dismissed from Parkview prior to regular dismissal times

2. A building evacuation to an alternate location which requires students to be picked up from that location.

In either case, announcements of the early closure will be made on all local news channels as well as the District automated notification system.

Please be aware that in the event of an evacuation, our District crisis plan states that students may only be released to parents/guardians or adults designated prior to the event. Any adult picking a student up from the relocation site must be listed on this form and must show identification before the child is released.

Please print the form below, complete and return it to your child's classroom teacher or the Parkview Office. Copies of this plan will be kept in the Parkview office as well as by your child's teacher. If your child's Early School Closure plan should change, please inform the Parkview office as soon as possible or complete a new form and return it to the Parkview office.

Thank you for your help!

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Student Name: _____ **Grade:** _____

Teacher Name: _____

In the event that there is an unexpected Early School Closure, the following plan should be followed:

_____ My child should go home as usual via: _____ Bus _____ Walk _____ Will be picked up

_____ My child should go to daycare or the sitter as usual.

_____ My child should go to the home of:

Name: _____

Address: _____

Phone #: _____ Cell #: _____

Relocation Plan

In the event of an evacuation to an alternate location, students must be picked up and will only be released to a parent/guardian or one of the following adults: (Identification will be required before a student is released)

Parent Name: _____

Name:	Relationship:	Phone

Parent Signature: _____ Date: _____