

PARENTS, PLEASE COMPLETE AND SIGN THIS FORM. IT WILL BE PLACED IN YOUR CHILD'S FOLDER

## RAINY DAY/EMERGENCY PLAN

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STUDENT'S NAME

TEACHER'S NAME

GRADE

**THIS IS NOTIFICATION TO THE SCHOOL THAT IN CASE OF INCLEMENT WEATHER, MY CHILD**

\_\_\_\_\_ WILL BE PICKED UP BY \_\_\_\_\_

Name of person picking up

Relationship

\_\_\_\_\_ WILL WALK HOME

\_\_\_\_\_ WILL RIDE THE SCHOOL BUS (ONLY FOR MAGNET AND SPECIAL ED STUDENTS)

\_\_\_\_\_ WILL RIDE THE METRO BUS

\_\_\_\_\_ WILL RIDE DAYCARE OR PRIVATE BUS SERVICE \_\_\_\_\_

Name of Daycare/private bus service

\_\_\_\_\_ OTHER \_\_\_\_\_

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Parent or Legal Guardian Signature

Emergency phone number

Date

***NOTE: IN CASE OF AND ADDRESS OR A PHONE NUMBER CHANGE, PLEASE NOTIFY THE FRONT OFFICE AS SOON AS POSSIBLE TO ENSURE UPDATED INFORMATION.***