

Spring Garden Elementary School
Early School Closing
2008-2009

Please complete the following early school-closing plan and return it to school with your child.

Student Name _____ **Teacher** _____

In the event that Spring Garden Elementary closes early, my child

Choose one:

_____ will walk home. If I am not home, _____ will walk to _____'s house.

_____ is assigned to a bus and will ride the bus home.

_____ I will not be home. My child knows he/she is to go home with _____ by car. **This person is listed on my child's emergency card.**

(Name) (Address) (Phone)

_____ My child attends the after school Playtime. If Playtime program is also closed, my child will go to

(Name) (Address) (Phone)

I have discussed this plan with my child and he/she understands the procedure to follow.

Date _____ Parent/Guardian Signature _____

Daytime Phone _____

Cell Phone _____