SETON CATHOLIC SCHOOL EMERGENCY DISMISSAL 2018-2019

FAMILY NAME	HOME PHONE
CHILD(REN) NAME(S)	GRADE & TEACHER
MOTHER: Name	FATHER: Name
Cell# Work #	Cell# Work #
EMERGENCY CONTACT NAME (LOCAL): _	
RELATIONSHIP:	PHONE #
NORMAL TRANSPORTATION	ON HOME: CHECK ALL THAT APPLY
1. Walker: Mon Tues Wed Tl	nurs Fri
2. Rider: With (name of driver)	Relationship
Mon Tues WedTh	nurs Fri
3. Bus: School District	Bus #
Mon Tues Wed	Thurs Fri
4. Seton Extended Day: Mon Tues	Wed Thurs Fri
IN CASE OF AN EMERGENCY DIS	MISSAL, MY CHILD SHOULD: Check all that apply:
■ Travel home the usual way. Mon	Tues Wed Thurs Fri
 Take the usual school bus to an <u>alternative</u> This should be within walking distant 	native destination (e.g. neighbor, friend, relative). ce of the regular bus stop.
Destination Name & Relationship _	
Destination Address	Phone No.
 Remain at Seton Extended Day (if contents) 	urrently enrolled), and it is open.
Mon Wed.	Thurs Fri
• Other:	

^{*} If Seton Extended Day is closed, parents/emergency contacts will be notified at above phone numbers. *

^{*} After school activities are automatically cancelled in case of an emergency closing. *