

# PLEASE RETURN IMMEDIATELY ... MANDATORY

## TAPPAN MIDDLE SCHOOL – EMERGENCY CLOSING PLAN

An emergency school closing can be a reality at any time of the year. Some situations such as ice storms, loss of electricity, heating or water present problems that may require students to be sent home in the middle of the school day. Being prepared for this will be a help to all of us. If there is an emergency, the following will occur:

1. A radio announcement will be made on all local radio stations WPAG(1050), WAAM(1600), WUOM(91.7).
2. School personnel will follow the written directions that you return to us (see form below)

### Parents/Guardians – we need your assistance as follows:

1. Discuss with your child what to do and where to go in case of an emergency.
2. Work out a plan with your neighbors, friends, family and ask for their assistance for those times you may not be available.

**PLEASE NOTE:** Bussed children must be sent home as soon as the bus arrives. There may not be time to call beforehand. Your child will need to know your emergency plan and how to contact you when he/she arrives at home.

Remember! During an emergency school closing situation, students cannot remain at school. We only close school when it is not safe for children to remain here.

\*\*\*\*\*Complete the form below and return by September 6, 2011 \*\*\*\*\*

### SELECT ONLY ONE OPTION (1,2, OR 3)

\_\_\_\_\_ 1. Allow my child to leave. She/he knows what to do if I am not at home. No need to call me.

\_\_\_\_\_ 2. Please contact us by making calls in the order indicated here:

\_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ 3. My child may be released to the following adults. Please call the adults(s) listed. No need to call me.

Names of adults	Phone #	Relationship
_____	_____	_____
_____	_____	_____

**Please list any other helpful instructions on the back of this sheet if needed.**

**Important:** Please indicate your permission for staff to share the above phone #'s with any parent/guardian who will be assisting us in making calls \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Student's Name \_\_\_\_\_

My e-mail address is \_\_\_\_\_ Advisor's Name \_\_\_\_\_