

**SETON CATHOLIC SCHOOL
EMERGENCY DISMISSAL 2019-2020**

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 HOME: CHECK ALL THAT APPLY.

1. Walker: Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

2. Rider: With (name of driver) _____ Relationship _____

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ 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 DISMISSAL, MY CHILD SHOULD: Check all that apply:

- Travel home the usual way. Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___
- Take the usual school bus to an alternative destination (e.g. neighbor, friend, relative). This should be within walking distance of the regular bus stop.

Destination Name & Relationship _____

Destination Address _____ *Phone No.* _____

- Remain at Seton Extended Day (if currently enrolled), and it is open.

Mon. ___ Tues. ___ 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. ***