Cranford Public Schools

Emergency/Unscheduled Early Dismissal Information Form

Student's Name: _____ (Last) _____ (First) Grade: _____ Teacher/H.R. _____
Social Security # _____

Voice mail or answer machines will not be considered as a personal contact

Home Address: _____ Home Phone: _____
Cell Phone: _____ Pager #: _____

Mother's/Guardian's Name: _____ Work Phone: _____
Work Address: _____ E-mail: _____
Cell Phone: _____ Pager #: _____

Father's/Guardian's Name: _____ Work Phone: _____
Work Address: _____ E-mail: _____
Cell Phone: _____ Pager #: _____

Physician's Name: _____ Phone: _____

Other local person(s) who have agreed to take your child in the event of an early dismissal:

Name: _____ Phone: ( ) _____
Name. _____ Phone: ( ) _____

PLEASE NOTE: Keeping a child at school after dismissal time and waiting until a parent arrives is not an option. It is the responsibility of each parent and guardian to provide the school with specific instructions for his or her child in the event of an unscheduled early dismissal.

(*Rev. 8/03)*

Please check off the one that applies:

List below the instructions you have given your child to follow in the event of an unscheduled early dismissal.

_____

_____

_____

The following information will help us in making decisions about your child:

If I am not at home when my child arrives there, he/she should go to the home of one of the following neighbors with whom I have made arrangements:

Name: _____ Phone: ( ) _____

Name: _____ Phone: ( ) _____

Physician: _____ Phone: ( ) _____

Please list any other siblings in the school district:

Name: _____ School: _____
Name: _____ School: _____
Name: _____ School: _____

Parent's/Guardian's Signature: _____ Date: _____

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