

2015-2016

Christ the King Regional School  
Emergency Dismissal Form

The following information will be used by the school in case of an emergency dismissal. Please complete the form and return it to school.

Family Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Child: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Our/My children are (circle one):      Car Riders      Bus Riders      Walkers

If bus rider, please indicate bus route number \_\_\_\_\_

List below, in priority order, the people who are to be contacted in case of an emergency closing or lock down. Please be sure to **include yourself and spouse if necessary**. Your contacts should be available during school hours and be willing to drive in inclement weather to pick up your child. If your information changes during the school year, you are responsible for providing the school with the updated information.

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Business Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Business Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Business Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Business Number: \_\_\_\_\_

Include the name of any CKRS parent who would be permitted to take your child home in a carpool if the above contacts cannot be reached.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_