

**FORT GARRISON ELEMENTARY SCHOOL**  
**Emergency Closing Form**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings Enrolled at Fort Garrison: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Parent/s Name/s: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Preferred Emergency Contact Person: \_\_\_\_\_

Emergency Contact Person Phone #: \_\_\_\_\_

Emergency Contact's Relationship to Child: \_\_\_\_\_

If School Closes Early due to an Emergency, My Child Should: (Choose only One)

- \_\_\_\_\_ Walk Home or Use the Walker Door
- \_\_\_\_\_ Ride the Regular Bus Home
- \_\_\_\_\_ Use the Pre-Arranged Car Pool
- \_\_\_\_\_ Wait to be Picked Up by \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Completed

Names of People I will allow my child to go with incase of emergency:

Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

All completed forms are due by Thursday, August 30, 2007. Your assistance with this important information is appreciated.

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