Cardinal Ridge Elementary
Emergency Plan 2018-2019

Student Name: _____________________________________________________________
Teacher: ___________________________ Grade: ___________________

In the event of an early closing of school due to weather or other cause, I would like for my
child to follow the plan listed below. I understand that it is my responsibility to instruct my
child and caretaker of the prescribed plan and make all necessary provisions to carry it out.

I realize that the school will be unable to make and receive last minute individual plans
over the phone.

____________________________________________________
Parent Name

____________________________________________________
Parent Signature

____________________________________________________
Date

Please check one of the following:
☐ Ride his/her regular bus to his/her regular PM bus stop: Bus #________

☐ Parent or designated person will pick my child up at the school.

Name of designated person____________________________

Phone #_________________________________________

Special Notes:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Parents who are picking students up should be at the school by the time the buses are ready to
leave. Please remember the importance of keeping the area in front of the school clear for
buses.