

SAINT CECILIA SCHOOL

2025-2026

EARLY DISMISSAL FOR SCHOOL CLOSING – EMERGENCY PLAN

Parents, please indicate below the names of your children and how you wish your children to be dismissed in the event of a school closing early due to snow, heat, or similar emergency situation.

Family Name: _____

Address: _____

	Children's Names:	Grade	Room
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Home Phone Number: _____

Parents' Cell Phones

Parent #1 Name: _____

Cell phone: _____

E-mail Address: _____

Parent #2 Name: _____

Cell phone: _____

Email Address: _____

Please check any that apply:

_____ **My child may walk home. He/She knows where to go for an early dismissal.**

_____ **My child has a cell phone and may call to alert me to an early dismissal.**

_____ **Please keep my child at school until I have been contacted.**

_____ **My child can ride the bus home. He/she knows where to go for an early dismissal.**

_____ **I or my designee will come for my child. Designee:** _____

_____ **Other: Please use the back of this paper to explain your plan.**

Parent Signature: _____ **Date** _____

KCK