

**Lake Street School**  
**EARLY DISMISSAL CONTINGENCY PLAN**  
**School Year: 2014 -2015**

Please complete this form and  
return to classroom teacher

For the *SAFETY* of our students, please provide the following  
information in the event of an ***unforeseen early dismissal!***

Child's Name/s:

Grade

Teacher

Child's Name/s:	Grade	Teacher

Please check appropriate box for ***unforeseen early dismissal!***

- Walk home or Gym Dismissal as normal
- Bus #: \_\_\_\_\_ home as normal
- Academy of Arts Van / CREC
- YMCA
- Other: \_\_\_\_\_

I have reviewed this plan with my child/ren and he/she understands where to go in the event  
of an **unforeseen early dismissal** (*example: early closing due to snow*)

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

\_\_\_\_\_  
Date