ST. BARTHOLOMEW SCHOOL

Emergency Dismissal Arrangements Form 2025-2026

(***ONE FORM PER FAMILY***)

Family Last Name:_____

Student 1:_____ Grade: ____ Student 2:_____ Grade: ____

Student 3:_____ Grade: ____ Student 4:_____ Grade: ____

In the event of an Emergency Dismissal for any reason, such as inclement weather and/or an emergency situation, please make **one choice** from the list below as to how your child/children will go home from school. *Please remember this information will only be used in the case of an **Emergency** Dismissal.*

Please choose only one mode of transportation for Emergency Dismissal.

_____ BUS RIDER

My child/children will ride the bus. Town: _____

_____ CAR RIDER

My child/children should be sent to the cafeteria or another location as directed by the school. They will remain there with a teacher and/or staff member until the adult listed below comes to pick them up.

Name/ Cell Number of person(s) with permission to pick up *including* parents/guardians:

_____

_____

_____

_____

_____

_____ AFTER SCHOOL CARE

My child/children should be sent to After School Care. Please note that After School Care will close ONE hour after the school dismisses. *For example, if school closes at 12:00 Noon, After School Care will close at 1:00 PM.*

Parent/Guardian Signature:_____ Date:_____

SBS 8/19/2025