

ST. BARTHOLOMEW SCHOOL

Emergency Dismissal Arrangements Form 2026-2027

(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 has to close at 12:00 Noon, After School Care will close at 1:00 PM.*

Parent/Guardian Signature: _____

Date: _____