



The Linden School
Winter Storm or Other Emergency School Closing

NAME OF STUDENT:

GRADE:

In the event of an unexpected early closing, I, the parent/guardian of the above-named student, would like my daughter to:

1. Go directly home and to telephone me when she arrives. (My daughter either has a key or has access to one.)
2. Remain at school until I can be contacted, at the number listed below:
Phone Number: _____ Type: _____
3. Be picked up by the following person(s):
Name: _____ Phone: _____
Name: _____ Phone: _____
4. Be taken home by the following senior student:
Name: _____ Grade:9

Parent/Guardian Name:

Date:

*Note: entering your name above is equivalent to a signature for the purposes of this form.