

EAGLE ROCK K-5 MULTI-AGE PROGRAM
AFTER SCHOOL PLAN

Student Name: _____ Grade: _____ Teacher: _____

Address: _____

My child's Normal After School Plan is:

Bus _____
Walk _____ Home _____
Pick-up _____ Person(s) responsible for pick up _____

My child rides the following bus home:

Bus # at Eagle Rock _____ Route _____
Transfer Bus # _____ and color of Route _____ at ___ CV ___ SW ___ CE School.

Contact person from 2:00 – 3:30 that is responsible for your child's after school plan. (Please list any numbers that may be appropriate i.e., cell, pager and work in order of priority.)

Name _____ Phone number(s) _____

EMERGENCY
EARLY DISMISSAL PROCEDURES

In the event of an unanticipated early dismissal due to inclement weather, power outage, or other emergency we are asking that you **discuss and develop a plan of action with your child. The plan with your child should not include the use of school phones, as there may be instances when phone service is not available.** However, we are requesting phone numbers for emergencies, and phone numbers of those people who are allowed to pick up your child. **Please complete a form for EACH CHILD in your family, sign and return to your child's teacher immediately.**

_____ My child is to follow his/her Normal After School Plan

_____ My child is to ride his/her normal bus and get off at an alternate stop.
Alternate Stop _____

If Regular Transportation is not available

My child's plan is: _____

My child is to walk home _____ to alternate house _____

My child can be picked up by: (Other than custodial Parents)

Name _____ Phone# _____ Name _____ Phone# _____

Name _____ Phone# _____ Name _____ Phone# _____

Parent Signature _____

Daytime Phone # _____

Alternate Phone # _____