EMERGENCY CLOSURE FORM

Pupil's Name:							
							via text message. Please
confirm the name and mobile number of the 1 st priority parent/guardian for text messages to be sent to:							
Name of 1 st priority parent/guardian:						Mobile number:	
In the event of an Emergency Closure – please tick one option only:							
Α	My child will walk home to the following safe address.						
	This can be your home address. Please write it in the box below. Safe address:						
	Gaio da	di 000.					
	This address is my child's normal home address: \square Yes \square No						
	If <u>No</u> , wh this?	dress is					
В	My child will go home by bus to the following safe address. This can be your home address. Please write it in the box below.						
	Bus number:						
	Safe ad	dress:					
	This address is my child's normal home address: \square Yes \square No						
	If No , whether this?	nose ad	dress is				
С	My child is not to leave school until I collect him/her from school.						
If your child is travelling home/being collected from school with a sibling, please confirm below:							
Sibling's name:						Tutor group:	

Note: it is the responsibility of parents/guardians to update the school if any details change.

In the event of an Emergency Closure, the above information will be strictly adhered to. Please see our Emergency Closure Procedure in the Parents Section on the school website.