

# Tiffin City Schools

## SEVERE WEATHER/EMERGENCY EARLY SCHOOL DISMISSAL

Student Name:	Grade:
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School:	Homeroom:
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*In the event of early dismissal of school due to any reason (heavy snow/ice, etc...), I am requesting that the directions for the above named student be followed. Please check one of the following:*

### Non-Bus Students

My student is to go home immediately in the event of early dismissal.

My student is to remain at school until a parent or designated adult picks him/her up. The designated adult is:

Name	( ) Phone	Address
Name	( ) Phone	Address
Name	( ) Phone	Address

### Bus Students

My student is to be transported by bus and will be delivered to his/her typical designated stop.

My student is to remain at school until a parent or designated adult picks him/her up. The designated adult is:

Name	( ) Phone	Address
Name	( ) Phone	Address
Name	( ) Phone	Address

Signature:	Date:
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