



School Year: _____

Dear Dows Lane Families,

On the reverse side of this note is the Emergency Dismissal form for your child. It is **imperative** that you fill out this form correctly, completely and legibly, and backpack it to your child's teacher on the first day of school.

What is the form for?

If Dows Lane has an unexpected early dismissal (in the past, there have been emergency dismissals for power outages and sudden changes in weather and driving conditions), you will be notified and informed to meet your child at their usual bus stop or route home. If you cannot be reached, then we will try to contact someone else listed on this form.

Who should be listed as an emergency dismissal contact?

List a person who will be able to meet your child on their usual bus stop in the event you cannot be reached and there is an early dismissal. As a suggestion, try to make arrangements with your bus stop-mates or neighbors.

Please note the following:

- The Irvington Children's Center and Mascia Day Care Center follow our school district emergency closings and **will not accept** children during an emergency dismissal.
- The JCC on Hudson **will not accept** children before 2:00 p.m.
- People who live far from your home (e.g. 212, 718, 516, 845 area codes) should **not be** listed as emergency contacts.
- Please be sure that the person(s) you have listed as emergency contacts know that they are listed.

Thank you for your cooperation.

Please see Emergency Dismissal form on Reverse Side→

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**DOWS LANE K-3 SCHOOL
EMERGENCY DISMISSAL FORM
SCHOOL YEAR: _____**

Student's Name: _____ Teacher: _____ Grade: _____

Address: _____

PM Bus #: _____ Bus Stop: _____ Main Telephone #: _____

****For after school childcare students (ICC, JCC & Mascia)****

Please provide us with the bus # and stop your child would use if s/he were to go home to your residence in the case of an emergency dismissal in which your child care provider closes:

PM Bus #: _____ Bus Stop: _____

Parent/Guardian: _____ **Work #:** _____

(Relationship to Student) _____ **Cell #:** _____

Parent/Guardian: _____ **Work #:** _____

(Relationship to Student) _____ **Cell #:** _____

Emergency Contacts (You must have three people who can meet the child on his/her normal bus route or at your home):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Signature: _____

***If no one is available to meet your child at the bus stop, your child will be brought back to Dows Lane.**