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**MSS EMERGENCY DISMISSAL LETTER & FORM**

August 2022

Dear Parents/Guardians,

On the reverse side of this letter is the Emergency Release form for your child. It is **imperative** that you fill out this form correctly, completely and legibly and return it to your child's teacher.

**What is this form used for?**

The information on this form is used to update our student information system, as well as to update the Send Word Now alert system used to notify families in the event of school closings, early releases or other emergency situations.

**Who should be listed as an emergency dismissal contact?**

List a person who will be able to meet your child at his/her/their usual bus stop in the event you cannot be reached and there is an early release. As a suggestion, try to make arrangements with your bus stop-mates or neighbors. It is essential that one of the contacts is reachable at all times.

***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 2:00pm.
- People who live far from your home (e.g. 212, 718, 516, 845 home area codes) should not be listed as emergency contacts.

Thank you for your cooperation.

A handwritten signature in black ink that reads "Joyce Chapnick".

Joyce Chapnick  
Principal

**\*\*\*Emergency Dismissal form on Reverse Side\*\*\***

**EMERGENCY DISMISSAL FORM  
MAIN STREET SCHOOL  
2022-2023**

**Please return the completed form to your child's teacher on the first day of school. Thank you.  
Please Print All Information.**

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts (You must have **three people** who can meet your child on his/her/their typical bus route, at your home or pick up from school):**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**My Child does/does not (circle one) have permission to enter our home unattended.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_