

EMERGENCY EVACUATION FORM

Name of Student _____ Grade _____ Homeroom _____

Street Address/City _____

Main Intersections _____

_____ My child can drive him/herself (PARENTS ARE NOT DRIVERS)**

_____ My child can drive him/herself after _____
(Date)

_____ My child can transport the following:

1. _____

2. _____

3. _____

4. _____

_____ My child can drive with the following:

1. _____

_____ My child is willing to transport students

_____ My child will need assistance in finding a ride.

EMERGENCY PHONE INFORMATION:

Parent/Guardian Name: _____

Phone Number during the School Day: (_____) _____
(Please list the one where you can be reached directly)

Signature of parent/guardian