

DRIVER MIDDLE SCHOOL

In the event of an emergency school closing

2018-2019

RETURN THIS FORM **ONLY** IF YOUR CHILD'S BUS STOP WILL CHANGE DURING AN EMERGENCY CLOSING.

Student's Name _____ Grade _____

Teacher's Name _____

EMERGENCY DROP-OFF INFORMATION

CHANGE STOP TO: BUS# _____

Emergency Family Name _____

Emergency Address _____

Emergency Telephone _____

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE MIDDLE SCHOOL OFFICE by September 15, 2018.