

MINNESOTA STATE ACADEMIES

INCLEMENT WEATHER PLAN

PARENT RESPONSE FORM

DAY STUDENTS ONLY

STUDENT NAME: \_\_\_\_\_

\_\_\_\_\_ YES, I want my child to ride the bus home early. Someone will be there to supervise him/her at home.

\_\_\_\_\_ NO, I prefer that my child remain at school. I will provide transportation home upon school closing.

\_\_\_\_\_ I prefer that you telephone me before sending my child home on the bus.

Daytime Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

I have discussed this plan with my child. \_\_\_\_\_YES \_\_\_\_\_NO

PARENT SIGNATURE \_\_\_\_\_DATE \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE MAIN OFFICE.

THANK YOU!