

# 2017/18 Mountain View - Emergency Closure Information

(To avoid confusion please complete 1 form for each family)

Family surname: \_\_\_\_\_

## Children at Mountain View

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

## If schools close early:

**All students will remain at the school under teacher supervision until they are picked up by a parent/guardian.**

HWDSB will use our automated phone system, Synervoice, to make contact with you and Mountain View staff members and/or parent volunteers will use the information below to attempt to reach emergency contacts. Any closures will also be posted by the board on our school website [hwdsb.on.ca/mountainview](http://hwdsb.on.ca/mountainview)

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Please list the **emergency contacts** who can be called to pick up your child in the event of an emergency school closure.

	Name	Relationship to the Child	Phone Number
1 <sup>st</sup> Choice:	_____	_____	_____
2 <sup>nd</sup> Choice:	_____	_____	_____
3 <sup>rd</sup> Choice:	_____	_____	_____
4 <sup>th</sup> Choice:	_____	_____	_____

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Parent/Guardian name (please print) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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