

C.B. Stirling Elementary School

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EMERGENCY SCHOOL CLOSURE INFORMATION

Student Name: _____ Medical Info (*allergies, etc.*): _____

Teacher: _____ Class: _____

Siblings Currently Attending CB Stirling Elementary School

Name	Grade	Classroom Teacher	Medical Information <small>(Allergies, medication etc. Use separate sheet if needed.)</small>
1.			
2.			
3.			
4.			

Parent/Guardian and Emergency Contact Information

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Home:	Home:
Cell:	Cell:
Work:	Work:
Email:	Email:

Emergency Contact Names	Relationship to family	Home/Cell
1.		
2.		

In the event of an Emergency School Closure, HWDSB Corporate Communications will notify Ancaster Meadow Elementary School's community through our automated phone system. Closures will also be posted online at www.hwdsb.on.ca/cecilbstirling

Parent/Guardian Instructions in the Event of an Emergency School Closure

Please check the appropriate box below:

<input type="checkbox"/> I will pick up my children.	<input type="checkbox"/> My child has permission to walk home alone.	<input type="checkbox"/> My oldest child will walk his/her sibling/s home.
<input type="checkbox"/> My child will take the bus home. <i>In the event of a bus cancellation, please indicate other arrangements you have made:</i>	<input type="checkbox"/> A relative/friend/neighbour will pick up my child. Name: _____ Phone: _____	<input type="checkbox"/> An older Ancaster Meadow Elementary School student will walk my child home: Name: _____ Grade: _____
<input type="checkbox"/> Other instructions: _____		

Parent(s)/Guardian(s) Signature(s): _____ Date: _____