



(To be completed by bus pupils only)

Emergency Closure Arrangements 2024/25

Please return this slip to the School Office ONLY if you do NOT wish your child to be sent home on school transport in the event of an early closure.

Name of Pupil: _____

Bus Route: _____

Please tick **ONE** option below and **delete the other**.

- Please keep my child in school and I will contact the school office to make arrangements to collect him / her.

- Please keep my child in school until the end of the day, when he / she will go to the following friend / relative's house. Please give name, address and telephone number.

(We will carry out the above instructions on the day, but in case of any query, please ensure that the emergency contact numbers we hold for you are up to date.)

Parent/Guardian: _____

Date: _____