

Bushfire Readiness

To be completed by families who live in the high bushfire risk areas only.

Please return to Student Services by **Tuesday 7 February 2017.**

NAME OF STUDENT/S:

..... Home Group:
..... Home Group:
..... Home Group:

PARENT NAME:

HOME ADDRESS:

PHONE: (Home) (Work)

MOBILE: EMAIL:

ADDITIONAL EMERGENCY CONTACT:

NAME: PHONE:

In case of a Catastrophic (Code Red) level alert:

A. I would like my son / daughter to be kept at school until contact is made with me or with:

.....
and satisfactory arrangements are made.

Please tick box or complete Option B or C

B. Please try to establish contact with:

.....
Phone: (home) (work) and
allow my son / daughter to go to:

.....

C. Alternative approved by me:

Parent / Caregiver Name:

Parent / Caregiver Signature:

Date:



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