



GOVERNMENT OF BERMUDA  
MINISTRY OF EDUCATION  
DEPARTMENT OF EDUCATION

**STORM ALERT**  
**Arrangement for Weather Emergencies**

**1. GENERAL INFORMATION**

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street No. & Name Parish Postal Code

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

**2. ARRANGEMENT** (Complete Arrangement I or Arrangement II)

**NOTE:** It is the position of the Ministry of Education that during a weather emergency a child should be collected by a responsible family member or adult.

ARRANGEMENT I	
Who will collect your student?	_____
	Name of responsible family member or adult
Relationship to Student	_____
Contact Numbers: (H)	_____ (W) _____ (C) _____
Email:	_____
OR	
ARRANGMENT II	
I wish for my child to be dismissed from school unaccompanied by a responsible family member of adult.	
_____	
Signature of Parent/Guardian	

**3. DECLARATION BY PARENT/GUARDIAN**

1. I have read the pamphlet entitled storm alert.
2. I understand my responsibly in the event of a weather emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

