[School Letterhead]

NON-WEATHER RELATED
EMERGENCY CLOSING
REPORT FORM

SCHOOL NAME _____

ADDRESS _____

_____

COUNTY _____ ZIP CODE _____

PASTOR(S) _____

SCHOOL ADMINISTRATOR _____

DATE(S) OF EMERGENCY CLOSING _____

DETAIL OF REASONS FOR EMERGENCY CLOSING

_____

_____

_____

_____

_____

_____

_____ _____
Pastor's Signature Administrator's Signature

_____ _____
Date Date