

School Dismissal Information	
• School Zip Code*	<input type="text"/>
• Date school dismissed:*	<input type="text"/>
• Date school is projected to re-open:*	<input type="text"/>
• Date school is actually re-opened:	<input type="text"/>
• Name of person submitting this form:	<input type="text"/>
• Organization/Agency:	<input type="text"/>
• Telephone Number:	<input type="text"/>
• Email Address:	<input type="text"/>

\* Required Fields. \*\* Repeatable Sections.