



# Tomorrow River School District Emergency Notification Information



The Tomorrow River School District is enrolled in an emergency notification system that will allow the district to instantly dispatch emergency messages (e.g., an early school dismissal, a snow day, etc.) Emergency messages will be transmitted via phone call, email, and/or text messages.

Enrollment in this program is voluntary but strongly recommended. To be removed from the program in the future, simply requires you to notify Mrs. Srnka in the District Office at 715-824-5521 x 1228.

**Please print all information legibly. Mail the form to: Tomorrow River School District ATTN: Samantha, 357 N Main Street, Amherst, WI 54406 OR return the form to any building secretary.**

Please list the name(s) of your child/children and check which school they are enrolled in:

_____	<input type="checkbox"/> HS	<input type="checkbox"/> MS	<input type="checkbox"/> Elem
_____	<input type="checkbox"/> HS	<input type="checkbox"/> MS	<input type="checkbox"/> Elem
_____	<input type="checkbox"/> HS	<input type="checkbox"/> MS	<input type="checkbox"/> Elem
_____	<input type="checkbox"/> HS	<input type="checkbox"/> MS	<input type="checkbox"/> Elem

## Parent/Guardian Information

Please check "YES" to boxes you would like notification

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, Wisconsin Zip Code: \_\_\_\_\_

Home Phone (landline): \_\_\_\_\_ Do you want to receive voice messages?  YES  NO

Cell Phone: \_\_\_\_\_ Voice Messaging:  YES  NO Text Messaging:  YES  NO

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

Second Contact (use only if necessary):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, Wisconsin Zip Code: \_\_\_\_\_

Home Phone (landline): \_\_\_\_\_ Do you want to receive voice messages?  YES  NO

Cell Phone: \_\_\_\_\_ Voice Message:  YES  NO Text Message:  YES  NO

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