

CAMPUS BUS EVACUATION PLAN

Campus Name: _____ Campus # _____

Campus Address: _____

School Contact: _____

In the event of a campus bus evacuation, would ALL students from your campus be sent to the SAME evacuation site? YES NO

If **YES**, complete information below:

PRIMARY SITE Name of Site: _____

Site Address: _____
 Street address

City State Zip Code

- Approximate number of students/staff to be evacuated: _____
- Number of students/staff who require wheelchair/lift accommodations _____
- Number of students/staff who require other specialized transportation services _____
- Specify special services needed: _____

ALTERNATIVE SITE: (In case Primary Evacuation Site is not available)

Name of Site: _____

Site Address: _____
 Street address

City State Zip Code

COMPLETE THIS SECTION BELOW ONLY IF STUDENTS WOULD BE SPLIT UP AND SENT TO MULTIPLE LOCATIONS

For example: A school with a large population might have to split up because a facility to which they are going is not large enough to accommodate the entire school.

Location Site No. 1

Name of Site: _____

Site Address: _____
 Street address

City State Zip Code

- Approximate number of students/staff to be evacuated _____
- Number of students/staff who require wheelchair/lift accommodations _____
- Number of students/staff who require other specialized transportation services _____
- Specify special services needed: _____

