

General Charles G. Harker School

COMMUNICATION FORM

PLEASE PRINT and WRITE CLEARLY

To: _____
(teacher's name)

Date: _____

From: _____
(parent/guardian's name)

Phone: _____

Student: _____
(student's name)

Office Use:
Rec'd by: _____
Copy Filed: _____
Oncourse Changed: _____

What is your child's NORMAL ROUTINE? (Check where applicable)			
<input type="checkbox"/> Bus # _____	<input type="checkbox"/> Comet Care	<input type="checkbox"/> Student Pick up in the Gym	<input type="checkbox"/> Other _____

Below Complete the changes you are making to your child's NORMAL ROUTINE:

Your child will be picked up by: _____

Date of pick up: _____ Time of pick up: _____ AM/PM

Location of pick up:

In the Main Office (PRIOR TO 2:30 PM) (ID REQUIRED)

Student Pick Up in the GYM (ID REQUIRED)

Will be late due to: _____

Is returning to school after an absence of _____ days due to illness.

Other (explain)

Parent/Guardian Signature: _____

- It is **IMPERATIVE** for you to communicate directly to the **TEACHER AND MAIN OFFICE** any information regarding end of day pickup procedures or any other pertinent information.
- Please utilize this form to communicate all information regarding a change in

dismissal for your child.

Revised 8/10/21