

SWEDESBORO/WOOLWICH ELEMENTARY SCHOOLS

DAILY COMMUNICATION FORM

PLEASE PRINT

To: _____
(teacher's name)

Date: _____

From: _____ Phone: _____
(parent/guardian's name)

Subject: _____
(student's name)

<p><u>Office Use:</u></p> <p>Rec'd by: _____</p> <p>Copy filed: _____</p> <p>OnCourse Changed: _____</p>
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NORMAL ROUTINE (Check where applicable)

Bus # _____

COMET CARE

Walker

Parent Pick Up In Multipurpose Room

Amazing Place

Goddard

Kinder Care

Watch Me Learn

Other _____

CHANGES TO NORMAL ROUTINE:

Your child will be picked up by: _____

Time of pick up: _____ AM/PM

Location of pick up:

In the Main Office ----ID Required

Parent Pick Up in the Multipurpose Room---ID Required

Walker---Outside of building at dismissal

(Walker---does not apply to Harker Students)

Other: _____

Is late due to: _____

Is returning to school after an absence of _____ days due to illness. Other _____
(explain above)

Signature: _____

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