

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
- 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
- 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.