

SWEDESBORO/WOOLWICH ELEMENTARY SCHOOLS

DAILY COMMUNICATION FORM

PLEASE PRINT

To: _____
(teacher's name)

Date: _____

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

Subject: _____
(student's name)

<u>Office Use:</u>
Rec'd by: _____
Copy filed: _____
Oncourse Changed: _____

NORMAL ROUTINE (Check where applicable)

Bus # _____ COMET CARE

Parent Pick Up In Multipurpose Room

Amazing Place

Goddard

Kinder Care

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 (Prior to 2:30 PM) **ID Required **

Parent Pick Up in 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.**