

SWEDESBORO-WOOLWICH SCHOOL DISTRICT

DAILY COMMUNICATION FORM

PLEASE PRINT

To: _____ DATE: _____
(Teacher's Name)

From: _____
(Parent/Guardian's Name) Phone: _____
Alt. Phone: _____

Student's Name: _____

Office Use Only: Rec'd by: _____ Copy Filed: _____ OnCourse Changed: _____
--

Normal Routine (Check where applicable)

- Bus # _____ Comet Care Amazing Place Goddard KinderCare
 Kiddie Academy Other _____
 Parent Pick Up in the Multipurpose Room at Dismissal

Changes to Normal Routine

Your child will be picked up by: _____

Phone Number of person picking up your child: _____

Time of pick up: _____ AM/PM

ID IS REQUIRED

- In the Main Office
 Parent Pick Up in the Multipurpose Room at Dismissal
 Is late due to: _____
 Is returning to school after an absence of _____ days due to illness
(Please attach documentation from your medical provider)
 Other: _____

Signature: _____

- It is imperative 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 for your child.