

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
- Kiddie Academy
- KinderCare
- 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 2:45) ***ID Required*****
- Parent Pick Up in the Multipurpose Room ***ID Required*****

Other: _____

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.