

SWEDESBORO/WOOL WICH ELEMENTARY SCHOOLS
DAILY COMMUNICATION FORM *(WALTER HILL SCHOOL ONLY)*

PLEASE PRINT

To: _____
(teacher's name)

Date: _____

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

Student Name: _____

Office Use:

Rec'd by: _____

Copy filed: _____

Oncourse

Changed: _____

NORMAL ROUTINE (Check where applicable)

Bus # _____

COMET CARE

Walker

Parent Pick Up in Parking Lot

Amazing Places

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 Parking Lot

Walker-----Outside of building at dismissal

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.