



General Charles G. Harker School
Communication Form

Teacher: _____ Date: _____

From: _____

Phone Number: _____

Student Name: _____

What is your child's NORMAL ROUTINE?

Bus # _____ Comet Care Parent pick up gym Other: _____

Complete the information below to indicate the change in your child's **NORMAL ROUTINE**.

My child will be picked up by _____

Date of pick up: _____ Time of pick-up: _____ AM/PM

Location of pick up:

- In the main office (must be prior to 2:30 PM) (ID Required)
- Parent pick up in the gym (ID Required)
- Will be late due to _____
- Is returning to school after an absence of _____ days due to illness.
- Other (explain): _____

Parent/Guardian Signature: _____