

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 - Side Door (Numbered Tag Mandatory)

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

In the Main Office (pick up prior to 3:00 pm) Photo ID Required

Parent Pick Up side door at Dismissal (Must have Numbered Tag)

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.