

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 Daily Routine (Check where applicable)

Bus # _____ Comet Care Amazing Place Goddard Kiddie Academy

Parent Pick Up - Side Door Other _____

(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.