



PARENT COMMUNICATION FORM

MUST BE SUBMITTED BY 3:00 PM

Today's Date _____

Student Name _____

Student Grade ☐ Kindergarten
☐ 1st
☐ 2nd
☐ 3rd
☐ 4th

Teacher Name _____

Parent Phone # _____

Parent/Guardian Signature _____

Please select from the following:

☐ My student will be dismissed at 3:55 pm as a: _____ on: _____
☐ Car Rider
☐ Bike Rider
☐ Bus Rider (Assigned Only)
☐ Walker
Date

and has my permission to be picked up by:

Name of person picking up student

☐ My student will be picked up before 3:30 pm by: _____
Name of person picking up student

on _____ at _____ due to:
Date Time

☐ Doctor Appt ☐ Dental Appt ☐ Funeral
☐ Vacation ☐ Other _____

☐ My student will be ☐ Late ☐ Absent

on _____ at _____ due to:
Date Time

☐ Doctor Appt ☐ Dental Appt ☐ Funeral
☐ Vacation ☐ Other _____

☐ Staying after school on _____ for: _____
Date Reason