

SWEDESBORO/WOOLWICH ELEMENTARY SCHOOLS

DAILY COMMUNICATION FORM

PLEASE PRINT

To: _____
(teacher's name)

Date: _____

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

Subject: _____
(student's name)

Office Use:

Rec'd by: _____

Copy filed: _____

OnCourse
Changed: _____

NORMAL ROUTINE (Check where applicable)

☐ Bus # _____ ☐ COMET CARE

☐ Parent Pick Up In Multipurpose Room

☐ Amazing Place

☐ Goddard

☐ Kiddie Academy

☐ 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 (Prior to 2:45)**

*****ID Required*****

☐ **Parent Pick Up in the Multipurpose Room**

*****ID Required*****

☐ Other: _____

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.