SYCAMORE
COMMUNITY SCHOOLS
Our students. Our future.

PARENT COMMUNICATION FORM

All forms must be processed in the Attendance Office before they are valid.

Today's Date_____ Student ID#_____

Student Name_____

Student Grade_____ Teacher Name/Homeroom_____

Parent Phone_____

Parent/Guardian Signature_____

☐ **Will be going home with** _____
(Student name. Must be from same school.)

on _____ to _____
(Bus number) (Address)

effective_____.
(Effective dates)

*****Bus drivers should keep this form for duration of effective dates.*****

☐ **Will be picked up by** _____
(Name)

on _____ at_____ due to:
(Date) (Time)

☐ Medical/Sick ☐ Funeral ☐ Transportation ☐ Vacation

☐ College Visit ☐ Other_____

Is: ☐ **tardy** ☐ **absent** ☐ **early dismissal** ☐ **excused** ☐ **unexcused**

on _____ at_____ due to:
(Date) (Time)

☐ Medical/Sick ☐ Funeral ☐ Transportation ☐ Vacation

☐ College Visit ☐ Other_____

*****If coming back to school after early dismissal, sign in at the attendance/main office.*****

☐ **Other**_____

OFFICE USE ONLY: Processed by_____ Date_____
(full signature, do not stamp)

White Copy: Student Yellow Copy: School Rev. 8/12