Saratoga Star Aquatics

Parent – Teacher Communication Form

Parent's Name:	Date:
Child's Name:	Teacher's Name:
Class Level:	Day of the class:
Class Level.	Day of the class.
Phone #:	Time of the class:
Please call me: yes no	
Question/Comments:	

Teacher Response form

When the phone call is completed, please place the form in the communication binder

Date phoned back:	Time:
Was the issue solved? What was the solution?	