



Cunningham Creek Elementary  
1205 Roberts Road ~ St. Johns, FL 32259 ~ 904-547-7860

## Absence Form

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Grade

Please excuse my child from school on \_\_\_\_\_ due to:

☐ Illness      ☐ Doctor's Appt.      ☐ Family Emergency ☐ Funeral

☐ Dentist Appt.      ☐ Other: \_\_\_\_\_

☐ Vacation from \_\_\_\_\_ to \_\_\_\_\_

***Vacation requests are entered on student records as "Unexcused" absences. Please see Student Conduct Code handbook for 2010-2011 school year.***

\_\_\_\_\_  
Parent/Legal Guardian Signature



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## Dismissal Form

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Grade

Please indicate how your child will be going home from school today:

☐ Extended Day      ☐ Parent Pick-Up      ☐ Biker/Walker      ☐ Bus: # \_\_\_\_\_

☐ Parent Pick-Up with \_\_\_\_\_

☐ Dismiss Early @ \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature



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## Change Personal Info

Student Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

☐ Home Address: \_\_\_\_\_

☐ Home Phone: \_\_\_\_\_

### **For Mom:**

☐ Cell Phone: \_\_\_\_\_

☐ Work Place: \_\_\_\_\_

☐ Work Phone: \_\_\_\_\_

☐ E-Mail: \_\_\_\_\_

### **For Dad:**

☐ Cell Phone: \_\_\_\_\_

☐ Work Place: \_\_\_\_\_

☐ Work Phone: \_\_\_\_\_

☐ E-Mail: \_\_\_\_\_

## ALERT NOW! CHANGES

Phone #1 (general/emergency)	(      )
Phone #2 (emergency only)	(      )
Phone #3 (emergency only)	(      )
E-mail address	

**Please add to approved adults to pick up my child from school**

NAME	RELATIONSHIP (to Student)	HOME	CELL
1.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
2.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
3.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		