



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:

For Dad:

Cell Phone: _____

Cell Phone: _____

Work Place: _____

Work Place: _____

Work Phone: _____

Work Phone: _____

E-Mail: _____

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		