John A. Crookshank Elementary

1455 N. Whitney Street Saint Augustine, FL 32084 (904) 547-7840 http://www.ces.stjohns.k12.fl.us



August 12, 2024

	Student Name:			
			Last Name, First Name	
family. We would like to	have permission to photogi	raph and use pictures of	relationships within their clas your student within the class ily board, Character Counts,	room
Please check one box: I give permission	for my student's teacher to	photograph them for cla	ss projects on the CES campu	us.
I do not give pern campus.	nission for my student be ph	notographed and their pio	cture may not be posted on t	the CES
together to decide what snack items. We would I	their classroom will work to ike permission for your stud	wards. Sometimes the ir lent to be involved when	chool culture. Classes will woncentives/rewards may be for classroom incentives or awa nola bars, fruit, popsicles, etc	od or rds are
Please check one box: I give permission	for my student to participat	e in food-based incentive	es/rewards.	
I request that my	student not participate in a	ny food-based incentive/	rewards.	
Signature	Date	Relatio	onship to Student	
We will have thi	s information accessible to	all staff members, so they	are aware of your request.	

Ashley Torrente
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Ashley.Torrente@stjohns.k12.fl.us

Patrick Roach
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