

CONSENT FOR TRANSPORTATION

This is to certify that _____ has my permission to make all trips to games, contests, and tournaments during the current school year with Bishop Foley Catholic High School athletic teams. I understand that transportation will be by bus when practical and possible. Squad size and type of contests may necessitate transportation by van or car driven by a licensed driver.

Parent/Guardian Signature:

CONSENT TO RELEASE TRANSCRIPTS

This is to certify that Bishop Foley Catholic High School has permission to release all academic transcripts and relevant test scores to Universities and or Colleges upon request.

Parent/Guardian Signature

Student Signature

AUTHORIZATION TO RECEIVE TEXT MESSAGES

- _____ School and its administrators, faculty, and other staff, including coaches (school personnel) engage in various forms of communication with parents and students regarding the school's mission and its activities.
- Bishop Foley wishes to expand the forms of communication to include voice mail to a cell phone, short message service (SMS), otherwise known as "text messaging" or "texting" or other similar forms of communication via cell phone, but excluding the sending or receipt of photographs (Messages).
- Bishop Foley recognizes that some parents may choose not to receive and/or not to have their child(ren) receive messages from school personnel.
- Parents understand and agree that Bishop Foley will not pay for any costs to parents associated with the sending or reception of messages.
- Parents may cancel this Authorization at any time by providing written notice to the School principal. In addition, parents may, at any time, direct the school in writing to change the cell phone number(s) to which messages are to be sent.
- The school will not be liable for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in any way related to, the sending or receipt of messages in accordance with this Authorization.
- Parents who agree to accept Messages to themselves and/or their child(ren) are asked to fill in the following information:

PARENTS AND STUDENTS NAMES	DESIGNATED CELL PHONE NUMBER

**PLEASE CHECK
APPROPRIATE
BOX**

Do not send Messages to my child(ren) or me.

Send Messages to me only.

Send Messages to my child(ren) and me.

Send Messages to my child(ren) only.

Parents have read and understand this Authorization

Parents' Signatures:

(Signature - Mother)

Date: _____ Email Address: _____

(Printed - Mother)

(Signature - Father)

Date: _____ Email Address: _____

(Printed - Father)