

### School Messaging Consent Form

Dear Parent/Guardian/Student if age 18 or older,

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize the phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, and more. To ensure you receive periodic school or district related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed by all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the school.

***\*\*Please fill out and return this form to ensure you receive informational calls\*\****

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls, texts or e-mails, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls unless or until you revoke your consent. Please return this completed form to your school no later than **December 1, 2017**. Standard messaging rates and data charges may apply.

#### Instructions: Check Box for Consent or Do Not Consent

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

\_\_\_\_\_  
Signature of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Printed Name of Parent/Guardian/Student if age 18 or older

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

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

**Phone Number 1 for Messages:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Phone Number 2 for Messages:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_