

**Consent for Pre-Approved Text Messages Between Staff and Students
FOR 9th-12th GRADERS ONLY**

Dear Parent/Guardian:

School staff may seek to text message or instant message (IM) your student, if necessary, for the purposes of student safety related to an educational or extra-curricular activity. If school staff need to text message or IM your student, they will be required to add the student’s parent/guardian to the text message or IM and the staff member’s CPS email address for retention purposes. All school messaging communications are subject to the Acceptable Use of the CPS Network and Computer Resources policy.

To ensure you and your student receive these text messages or IM, your consent is needed below.

By signing this form, you are authorizing the Chicago Public Schools staff members noted below to send text messages or IM to you and your student to the phone numbers provided below. If you change your phone number or no longer wish to receive notifications and alerts, you agree to inform Chicago Public Schools immediately.

By signing below, you agree that this consent will remain valid for the remainder of the school year and you and your student will continue to receive text messages or IM unless or until you revoke your consent. Please return this completed form to your school no later than _____. Standard messaging rates and data charges may apply.

Instructions: Check Box for Consent or Do Not Consent. Below is a list of all school-based employees (to be completed by the school) that may need to communicate with you and your student regarding student safety, educational, or extra-curricular activities. Please initial next to the name of each school-based employee that you authorize to communicate with your student via text message or IM.

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

List of school based employees and/or volunteers:

Employee	Position (i.e. teacher, etc.)	Reason for Communication (i.e. student safety communication related to an educational or extra- curricular activity)	Principal’s Initials	Parent’s Initials

Signature of Parent/Guardian

Print Name of Parent/Guardian

Student's Name

Student ID #

Signature of unaccompanied youth
(as defined by 42 U.S.C. § 11434a(6))

Date

School

Student's Phone Number for Messages: (_____) _____ - _____

Parent/Guardian Phone Number 1 for Messages: (_____) _____ - _____

Parent/Guardian Phone Number 2 for Messages: (_____) _____ - _____

Signature of Principal

Date