

FREE TO ELIGIBLE FAMILIES HIGH-SPEED INTERNET

PARENT/GUARDIAN ACCEPTANCE OF SERVICE FORM

District Name: _____

Student Name (Last, First): _____

Student Current Address: _____

Student ID Number (if available): _____

By returning this form, I allow the following:

- Gives district permission to share parent/guardian contact information with selected internet service provider to coordinate installation.
- Gives school district permission to share parent/guardian contact information with Texas Education Agency Connect Texas.

Would you like to update your address with your school district? YES NO

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Please return completed form to your school office.



OFFICE USE ONLY

Please scan and e-mail completed form to TEACT Customer Service.

LEA Name _____

Date E-Mailed _____