

Parent/Guardian Authorization to Communicate with Student by Text Messaging

Clear Creek ISD only allows an employee or contracted worker who has a **cocurricular or extracurricular duty** to use text messaging with students as part of an approved activity in accordance with CQ(REGULATION).

By signing this authorization, you are granting permission to _____ *[name of staff member with cocurricular or extracurricular duty]* to call or text important information to your student at the number you provide on this form. Concerns about any inappropriate communication by any employee or contracted worker should be reported to the campus principal immediately. [See Board Policy DH(LOCAL) and CQ(REGULATION)]

I, _____, agree that the authorized employee
(Parent/Guardian Name)

_____ may text my student by cell phone
(Employee Name)

to communicate important class, team, group and/or practice information on an "as needed" basis.

Student Name: _____

Cell phone number for student communication:

Student Cell Phone Number

Parent/Guardian Cell Phone Number

Parent/Guardian Signature

Date

Student Signature

Date