

New Kent County Public Schools

Preferred Name and Pronoun Parent/Guardian Permission Form

This form is to request the use of a preferred name and/or pronoun(s). Please complete the entire form and return it to your child's counselor.

Student Full Legal Name:	Student Birthdate:
Student Grade:	
Parent Name:	
Preferred Student Name:	
Preferred Pronoun (if applicable): _____ He _____ She _____ They _____ One _____ Him _____ Her _____ Their _____ His _____ Hers _____ Theirs	
Please read all of the statements below and initial:	
_____ I understand that all legal and official documents and files, such as but not limited to the cumulative record, transcript, state testing, IEP, and report cards will display my child's legal name.	
_____ I understand that my child's school counselor will share the preferred name and pronoun with my child's teachers for this and subsequent years.	
_____ I understand that my child's username and email address will not change to reflect the preferred name.	
_____ I understand that a copy of this form will be kept in my child's file, until and if the parent revokes permission.	
_____ My signature certifies that I approve of the changes indicated above and have read the NKCPS model policy linked below.	
*The NKCPS model policy relating to these matters can be found on the school division website under "About NKCPS", then "NKCPS policy Manual" and scrolling down to the model policies section.	
Parent Signature:	Date:
Address:	
Phone Number:	
Parent Email Address:	
Student Signature:	Date: