

# GREAT VALLEY SCHOOL DISTRICT

## Consent Form for District Employee/Student Text Messaging

Permission of the parent or guardian must be obtained, in writing, in order for a District employee to communicate with a student via text messaging.

School: Great Valley High School

Activity: Golf

Student Name: \_\_\_\_\_

Golfer's cell phone number: \_\_\_\_\_  
(send a text message to [obrown@gvsd.org](mailto:obrown@gvsd.org) – please make sure you include your first and last name )

Father's cell phone number: \_\_\_\_\_  
(send a text message to [obrown@gvsd.org](mailto:obrown@gvsd.org) – please make sure you include your first and last name )

Mother's cell phone number: \_\_\_\_\_  
(send a text message to [obrown@gvsd.org](mailto:obrown@gvsd.org) – please make sure you include your first and last name )

\_\_\_\_\_ I give my permission for my child's cell phone number to be shared with other students and District employees who are associated with the golf program.

\_\_\_\_\_ I understand that District policy requires that I be copied on any text messages to my child from a District Employee unless I opt-out by checking the appropriate space below.

\_\_\_\_\_ I wish to be copied on all text messages that are sent to my son / daughter by the Coach.

OR

\_\_\_\_\_ I do not wish to be copied on text messages to my child. (Check this if you do not want to be copied on every text message)

**\*\*Note: Regardless of your selection. There will still be a parent contact group for communications like schedule changes, practices, etc.**

Name of Parent or Guardian: \_\_\_\_\_  
(please print)

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Form Expires after one year