**[SCHOOL NAME] PARENT ADVISORY COUNCIL (PAC)**

**CONTACT PERMISSION FORM FOR [CURRENT SCHOOL YEAR]**

**(please return by [DATE] to [LOCATION])**

**[PAC EMAIL]**

PACs play a vital role in schools and local communities, encouraging parent involvement in schools and assisting parents/guardians in supporting their children as students and members of the school community. All parents/guardians in a school community are members of the PAC. PACs have a responsibility to keep member-parents/guardians informed of their activities and initiatives.

The PAC will be establishing an email list and classroom telephone directories to be used for PAC purposes only. This is in accordance with the guidelines provided in the *“NVPAC Communications Guidelines for PACs”* developed by the NVPAC and School District Administration. This document may be accessed at <http://www.northvanpac.org/>. Along with suggested procedures for setting up and managing the PAC email network and directory, this document includes guidelines with respect to maintaining privacy, the frequency of communication, and ensuring that only appropriate school community content is distributed through these means.

This consent form is good for the current school year only and will be destroyed at the end of the school year. Your renewed consent will be sought annually at the beginning of each school year. PAC volunteers including the executive, event volunteers and class representative(s) will have access to this contact information. Your information will not be posted, shared or sold to third parties, and other than the School Directory, will not be published. If you have any concerns regarding accuracy, the use of, or the safe storage of the data the master list will be maintained by the PAC Chair or designate.

**PARENT EMAIL NETWORK:**

Emails will be used to keep parent/guardians up-to-date on local classroom, school, PAC and NVPAC sponsored activities and on matters affecting our broader educational community. Your email address will NOT be published but will be used to dispatch information through a classroom/PAC email fan-out structure within our school. If at any time you wish to opt out of receiving emails please reply to sender with your request.

**EMAIL COMMUNICATION**

YES ~ I would like to receive classroom and PAC emails. *(as per contact information below)*

NO ~ I do not want to receive classroom and PAC email communications.

**CLASSROOM TELEPHONE DIRECTORY:**

The PAC will also publish classroom telephone directories listing the names of students, their parents/guardians, and phone numbers. Your individual consent to be included in this class directory is required as indicated below.

**CLASSROOM TELEPHONE DIRECTORY**

YES ~ I agree to have our names and phone numbers published in a Class Directory that is provided to other parents/guardians. *(as per contact information below)*

NO ~ I do not agree to have our names and phone numbers published in a Class Directory that is provided to other parents/guardians.

**PHOTO RELEASE FORM:**

**Turn Page**

*\*Please note that school photo release information is not shared with PAC and so we kindly ask you to take a moment to complete this portion of the document.\**

From time to time photos of students may be taken at PAC events. Student’s names, photographs and comments may be published in media such as a school yearbook, newsletter, programs, and PAC websites or in the news media on a controlled basis. Any such photographs would highlight the student(s) participation in PAC events only.

**PHOTO RELEASE**

YES ~ I agree to the publication of my child(ren)’s name(s), photographs and comments for purposes consistent with the above.

NO ~ I do not agree to the publication of my child(ren)’s name(s), photographs and comments for purposes consistent with the above.

**CONTACT INFORMATION:**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Turn**

**Page**

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| --- | --- | --- | --- | --- |
| Student’s First Name | Student’s Last Name | Grade | Division | Teacher |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Yes, I am interested in being a class rep or finding out more about being a class rep this year.*

**By signing this document, I am confirming that all information in the document is correct.**

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**Parent/Guardian’s Signature is required. Date**

**By signing this document, I am confirming that all information in the document is correct.**

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**Parent/Guardian’s Signature is required. Date**