

PERMISSION TO SHARE INFORMATION

At various times throughout the school year we may need to share information about your child or family. We want to ensure that parents are fully informed when they authorize SHS to share information, and we want you to know that we maintain all family information in a confidential and secure manner. Please initial your permission below for: _____

Who To Share Information With

Step-parent(s): _____

Grandparent(s): _____

Other relative: _____

Collaboration: _____

Other: _____

Information That May Be Shared (Please Initial):

Health _____ Education _____

Behavior _____ Transportation _____

Occasionally SHS may use photos of your child in the following communications.

Please initial your permission below:

SHS Website & SHS Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SHS Family Child Care SharePoint Provider Portal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SHS Newsletter, which is posted on the SHS Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Live News or Newspaper	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Occasionally SHS may use texting as a form of communication.

Please initial your permission below:

Primary Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secondary Adult (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that I am the natural parent or legal guardian of this child.

Parent Signature: _____ Date: _____