**[INSERT SCHOOL NAME] CONSENT FORM**

Dear Parents and Guardians,

You are receiving this consent form because we would like to share with you information by SMS/text message regarding your child’s learning in their class.

I understand that:

* I will receive information to support my child’s classroom learning by text messages from my child’s teacher. Messages will be sent by teachers using a tool called FASTalk, developed by GreatSchools, a nonprofit organization.
* GreatSchools, Inc. will maintain the confidentiality of my student’s personally identifiable information in accordance with law.
* To accomplish this, the following student data must be shared with GreatSchools:
  + Parent’s name, contact number and home language
  + Student name
  + Student grade level
  + Student’s assigned teacher

I CONSENT to the [NAME OF ORGANIZATION DISCLOSING DATA] disclosing my child’s personal information listed above to GreatSchools, Inc. for the purposes stated above.

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Signature of Parent/Legal Guardian My Full Name (please print)

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My Cell Phone Number My Child’s full name (please print

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My Child’s Grade Name of my Child’s ELA teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date