

Parent/Guardian Text Communication Permission

All communication conducted electronically between an authorized Lyons Township High School employee and a student shall be for the purpose of official business of the school. Lyons Township High School employees may only initiate text messages to students with the permission of the student’s parent/guardian.

Your signature below gives permission to authorize the Lyons Township High School athletic coach(es), as designated below, to send text messages to your student at the number provided. Further, your signature acknowledges any charges incurred in the receipt from or replies to these texts are not the responsibility of District 204.

The duration of the agreement is for the _____ athletic season.

Athletic Team: _____

Athletic Coach: _____

Purpose of Text Communications: _____

Approval of Consent

I give my son/daughter permission to receive text messages to his/her cell phone about important Lyons Township High School information related to their athletic team.

Student Name: _____ Student ID: _____

Student cell phone number (_____) _____

Parent/Guardian Name: _____

Parent Signature: _____

I, as the parent/guardian, would also like to receive a copy of text messages to my cell phone.

Parent/Guardian cell phone number(_____) _____

Denial of Consent

I do not wish for my son/daughter to receive any text messages from Lyons Township High School employees.

Student Name: _____ Student ID: _____

Parent/Guardian Name: _____

Parent Signature: _____