

ALEXANDER GRAHAM BELL SCHOOL
STUDENT INFORMATION AND AUTHORIZATION FORM

New Student: Please complete entire form

Returning student with information to update: Please complete entire form

Returning student with no new information: Please sign and date on bottom

Student Last Name _____

Student First Name _____ Middle I. _____

Home Phone _____

Parent or Guardian _____ Relationship: _____

Parent or Guardian _____ Relationship: _____

Parent or Guardian Work Phone: _____

Parent or Guardian Work Phone: _____

Parent or Guardian E-mail: _____

Parent or Guardian E-mail: _____

Home Address _____

City _____ State _____ Zip Code _____

I hereby authorize my child's school to release my student(s) record information, including student name, ID number, grade, teacher and classroom information, home address and parent/guardian e-mail address(es) to Friends of Bell School ("FOB"). I understand that only authorized FOB members will have access to my child's student information. Student information, including names and addresses, etc., will not be given to others (including any third parties) for any other purpose. **This information will be utilized by Friends of Bell School/Bell School only for internal purposes, including FOB/Bell School announcements, Bell School Student Directories, and to invite students and parents to participate in FOB/Bell School sponsored events/projects.**

[] Check here **ONLY** if you would like to **OPT OUT** of having my student's information included in the Alexander Graham Bell School Student Directory.

Signature of Parent or Guardian

Date

Parent or Guardian Name