



School Messaging Consent Form



Dear Parent/Guardian/Student if age 18 or older:

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize a phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, COVID-19 information and screenings, and more. To ensure you receive periodic school- or district-related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed through all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with your school.

Please fill out and return this form to ensure you receive informational calls and texts.

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging rates and data may apply.

☐ I CONSENT as outlined in the above section.

☐ I DO NOT CONSENT as outlined in the above section.

please print or type:

Student Last Name	First Name	Middle Name	Birth Date (mm/dd/yyyy)
Name of Parent/Guardian/Student if age 18 or older			
School Name	Grade	Date	
Signature of Parent/Guardian/Student if age 18 or older		Student ID #	

PRIORITY #1

Last Name	First Name
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

PRIORITY #2

Last Name	First Name
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

PRIORITY #3

Last Name	First Name
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	