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| Highland Park Independent School District  Bridging Information |
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| This box to be completed by the teacher.  Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Circle Classroom: Fundamentals, LIFE, LIFT, PBS, PPCD (teacher circle)  Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The District has received several requests to distribute class lists so that parents have contact information should he or she choose to contact classroom peers for functions and events. Student confidentiality is a significant priority of the Department of Special Programs. We are making every effort to grant the requests while making a good faith attempt to honor your child’s right to not be identified as a student receiving special education services.

Please provide your signature if you would like to grant consent for your child’s name to appear on the teacher list that will be distributed to his or her class. The list will include the teacher’s name and the name of the students that the teacher received permission to include. Families may then use the list and match it to the school’s directory to make contact.

Example:

Teacher: Mrs. Smith’s Class

Students:

John Doe

George Jones

Sara Smith

I grant permission for my child’s name to appear on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert teacher’s name) class list.

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

Signature Date

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

Print Name