

Temple Emet

Parent Permission for Point of Contact to Provide Information to Students

Temple Emet Religious School requests parent permission to email, to 6th – 10th grade students, schedules, calendars and course information to prepare for upcoming classes.

_____ I hereby give Temple Emet Religious School permission to email

_____ (STUDENT NAME)

At (STUDENT EMAIL ADDRESS) _____.

I understand that I will be copied on the emails, at

_____ (PARENT EMAIL).

OR

_____ I **do not** give Temple Emet Religious School permission to email my child,

_____ (STUDENT NAME)

Dated: _____ Signature: _____