

*New Family Consent*  
*for Sharing Contact Information with PTA/O*

Welcome to District 39!

By completing this form, you give us permission to share your contact information with our Parent Teacher Organization/Association.

They will use this information to add you to their New Family List so they can communicate with you regarding welcoming activities and other upcoming events.

Student(s) Name(s):	Grade(s):
Parent/Guardian Name(s):	
Address:	
Phone Number(s):	
Email(s):	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_