

K-12 Youth Education Department Program Application

Authorization for Messaging through Alert Sense

I, the undersigned, hereby request and authorize the Confederated Tribes of Grand Ronde (CTGR) Education Division to contact me with Alert Sense Messenger using, but not limited to, the indicated preferred method of contact.

***This authorization will be in effect from _____ to _____ or until revoked in writing. Please note: you will need to print this form and hand-write your signature prior to submitting to YED

Signature of Parent/ Legal Guardian Printed Name of Parent/Legal Guardian Date

Parent/ Legal Guardian Cell Number Parent/ Legal Guardian Cell Provider Parent/ Legal Guardian Email Address

Student Cell Number Student Cell Provider Student Email Address

Preferred Method of Contact: Phone Text Email

Please note: Every August, the Alert Sense messaging groups is cleared and a new Alert sense group is created with current students.

For Office use:

Received by YED Staff: _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not approved	If not approved, why _____
Parent/Guardian notified Date: _____	If Approved:	Date Mailed to Vendor/Parent/guardian _____	Check Number _____