USE OF ELECTRONIC MEDIA WITH STUDENTS

Extracurricular Activity Notification
2016-2017 School Year

[Complete this form when you are an employee that oversees an extracurricular activity and are requesting to text students that participate in the activity you oversee.]

In accordance with Central ISD's policy regarding the Use of Electronic Media with Students, I confirm that I oversee an extracurricular activity and request permission to communicate via text message with the below listed students who participate in the activity I oversee. *By my signature below, I acknowledge that I must include at least one of the student's parents or guardians or my immediate supervisor as a recipient of every text message. If I do not include a parent or immediate supervisor I must send a copy of the text to my district email.*

		Administrator's Initials/Date	
Student Name	Extracurricular Activity	Approve	Deny

Employee Name _____ Signature _____ Date Submitted _____

This form must be completed and submitted to the employee's immediate supervisor prior to or immediately subsequent to electronic communication covered by policy.

This form is sufficient for the duration of the 2016-2017 school year only.