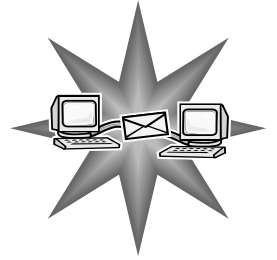


# Parent-and-School Email Network

Gaines Elementary School



**Your name:** \_\_\_\_\_

**Your child's name and class:** \_\_\_\_\_

**Your email address:** \_\_\_\_\_

Please read the statement and sign below:

*"I am granting permission for my email address to be added to the Email Communication Network for Gaines Elementary School. I understand that the school will occasionally send me announcements and reminders using the Network."*

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Some of our teachers use email to communicate with parents. If you don't mind if we give your email address to your child's classroom teacher and his/her Specials (art/music/PE/tech. ed.) teacher then please sign below.

*"I also give permission for my child's teachers to have my email address."*

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

