

# MULTI-MEDIA CONSENT FORM

Early Impressions would like to be able to communicate with you through a multitude of platforms including but not limited to: e-mail systems, text messages, and other virtual platforms we are currently using.

Please complete the sections below. **ONLY 1 FORM PER FAMILY is REQUIRED.**

Student's Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name & Primary Email:

\_\_\_\_\_

Parent's Name & Primary Email:

\_\_\_\_\_

To Receive Phone Communications:

Parent's Name & Phone Number: \_\_\_\_\_

Parent's Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*For office use:*

\_\_\_\_\_  
*Room/Group #*

\_\_\_\_\_  
*Database Updated*