

**Student**  
**First Name** \_\_\_\_\_

**Student**  
**Last Name** \_\_\_\_\_

## The Colony High School Band

**The Colony, Lewisville ISD**  
**2011-2012 Parent Consent Form**

All parts of this form must be completed in full, signed and returned to TCHS Band

**Part 1: Release of Student Information Via e-mail (Please check one)**

**I give**     **I do not give** my permission, and request the release of student record information of my child (listed above), to be provided to me electronically via email by school personnel. The specific information and/or records requested may include:

Any pertinent concerns, including student conduct, discipline, attendance, academic performance, behavior, response to parental concerns, requests for information, and TCHS Band Student Financial accounts.

I understand that the transmittal of this material may not be available by secure methods and may be capable of observation, interception, or monitoring by others. Because of the non-secure nature of electronic communication, teachers will not communicate with you via e-mail or fax unless you have granted your permission for such communication to occur.

Further, I understand that Lewisville ISD *cannot guarantee* that only the e-mail address provided will receive the records. I request that the student record information above be sent to my electronic e-mail address listed below.

**Part 2 Photo/Video and Web Site Consent Form (Please read carefully)**

Occasions arise during the school year for students to be photographed by professional photographers or teachers/staff/Band Boosters for learning and/or teaching opportunities. There may also be opportunities for student photos or projects to be published on the TCHS web site as part of school activities. No home addresses or telephone numbers of students will appear on the web.

**PLEASE CHECK ONE option in each item:** *If you do not give permission, your student will not be included in the scrapbook, end-of-year video, group picture for the TCHS Band website or football program. You acknowledge that you will inform your student of this situation, and it will be their responsibility to remove themselves from any group pictures.*

**I give**     **I do not give** permission for my child to be photographed and/or video taped for any TCHS Band activities.

**I give**     **I do not give** permission for my child's image to be (photograph or video clip) to be posted on the TCHS Band website.

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**I acknowledge by my signature below that I have read and completed Parts 1 & 2 of this document. My wishes have been indicated on each separate part.**

**Parent of Guardian (please print)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
 Alt. E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Parent of Guardian Signature:** \_\_\_\_\_