

Holy Family School

Classroom Phone Chain

Permission Form

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

Please check one:

\_\_\_\_\_ I want to participate in a classroom phone chain for the purpose of relaying information about changes in the school schedule and I give permission for my phone number \_\_\_\_\_ to be listed on the phone chain.

\_\_\_\_\_ I do not want my phone number listed on a classroom phone chain, but I request that the classroom teacher call me if there is a change in the school schedule.

\_\_\_\_\_ I do not want to be called at all if there is a change in the school schedule.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_