

HOCKINSON SCHOOL DISTRICT

AUTOMATED CALL OPT-OUT FORM

2019-2020 SCHOOL YEAR

Date _____

**PLEASE FILL OUT A FORM FOR EACH STUDENT
AND RETURN TO STUDENT'S SCHOOL**

Student's School _____

Dear Parent and/or Guardian:

Hockinson School District uses an automated messaging service to inform families when children are absent, have a negative food service account balance, when there are expected bus delays due to inclement weather, or when there is an emergency at your child's school or in the district. Emergencies can include extreme weather, school lockdowns, an earthquake, and/or other natural or man-made disasters.

At your request, Hockinson School District and your child's school will not contact you via the automated messaging service for any outreach, school, or district messages concerning your child or their school. These automated messages include, but are not limited to, information regarding: school start delays or closures, picture day, upcoming exams, Open House, scholarships, bus delays and other special events and attendance. The grades for attendance calls go to students in 6th through 12th grade.

Although you are choosing to opt out receiving the automated calls or e-mails you may still be contacted by the school for attendance issues and emergencies.

To opt-out, please sign the statement below and return this letter to your child's school office for placement in your child's file and update of the automated messaging service.

Sincerely,

Sandra Yager
Superintendent

I do not want Hockinson School District and or my child's school to contact me via the automated messaging service with any school-related outreach messages. These include, but are not limited to, school start delays or closures, picture day, upcoming exams, open house, scholarships and other special events including attendance calls for students in 6th through 12th grade.

Student's First Name _____ Student's Last Name _____

To ensure the correct phone numbers are removed from the automated messaging service, please provide the phone numbers you no longer want to receive calls at in the spaces below.

Primary Phone _____ Cell Phone _____ Secondary Phone _____

| | |
|---------------------------|---------------------|
| 1st Parent/Guardian _____ | 1st Signature _____ |
| 2nd Parent/Guardian _____ | 2nd Signature _____ |

To Be Completed by School/District

Received by (School): _____ Date: _____ Copy in Student File
Received by (District): _____ Date: _____ Number Blocked in Automated Service