

REGISTRATION FORM – PART #3

1. I consent to having Evergreen Independent School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders (if applicable), parents’ work numbers and email address, behavioral, academic and health information, most recent report card, emergency contact name and number, doctor’s name and number, health insurance number and any similar information need for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Evergreen Independent School (1) for the purpose of establishing, maintaining and terminating the student’s or parents’ relationship with Evergreen Independent School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Evergreen Independent School’s Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Evergreen Independent School.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child’s suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer appointed by the Evergreen Independent School Board may be reached through the school.

Signature: _____ Date: _____

2. I consent to having photographs and work samples of my child used by Evergreen Independent school in the newsletter and other promotional material.

Signature: _____ Date: _____

Additional Optional Language:

3. The school may prepare a family phone list (car pool list, class list, etc.) for a family phone directory. If you DO NOT want your phone number and address included please indicate: _____No

Signature: _____ Date: _____

Parent Personal Information

1. I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Signature: _____ Date: _____

2. Release and Storage of Parent Personal Information

Evergreen Independent School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your children at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature (privacy officer) _____ Phone: _____