

TLDSB School-Home Communication Consent Form

School: _____

Thank you for providing your contact information below. The CASL consent in the box below your contact information, will be in effect until you, or your son/daughter, leave your current school, or you indicate that you wish to unsubscribe from this service.

Student Name (please print) _____ Cell Phone (if applicable): _____

Signature _____ Date _____

Parent/Guardian 1 Name (please print)

Home Phone: _____

Email: _____

Cell Phone: _____

Signature _____ Date _____

CANADA ANTI-SPAM LEGISLATION CONSENT (CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.	
_____	_____
Signature	Date

Parent/Guardian 2 Name (please print)

Home Phone: _____

Email: _____

Cell Phone: _____

Signature _____ Date _____

CANADA ANTI-SPAM LEGISLATION CONSENT(CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.	
_____	_____
Signature	Date

Parent/Guardian 3 Name (please print, if applicable)

Home Phone: _____

Email: _____

Cell Phone: _____

Signature _____ Date _____

CANADA ANTI-SPAM LEGISLATION CONSENT(CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.	
_____	_____
Signature	Date

Parent/Guardian 4 Name (please print, if applicable)

Home Phone: _____

Email: _____

Cell Phone: _____

Signature _____ Date _____

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_____	_____
Signature	Date