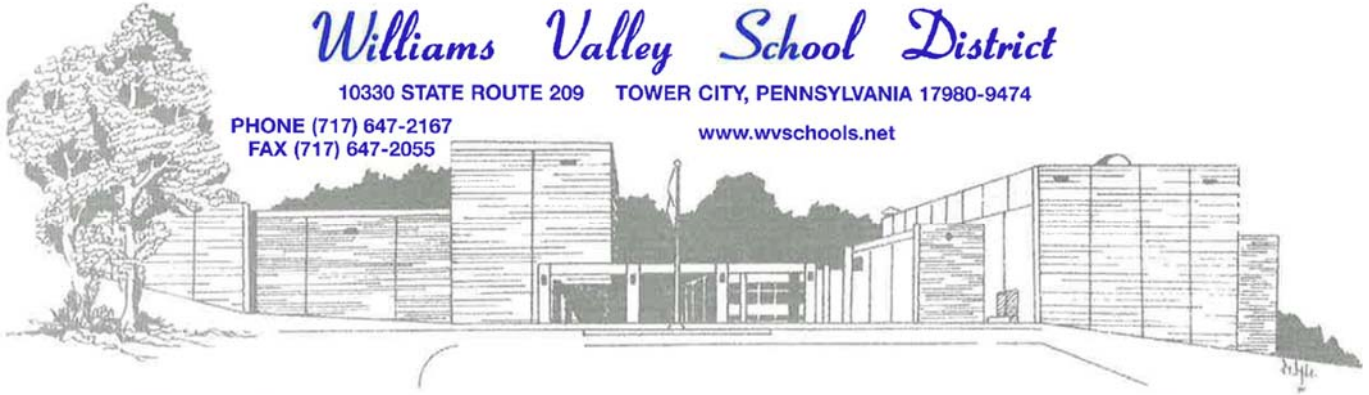


# Williams Valley School District

10330 STATE ROUTE 209 TOWER CITY, PENNSYLVANIA 17980-9474

PHONE (717) 647-2167  
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www.wvschools.net



**AMY TOMALAVAGE**  
Business Manager

**DIANE R. BEST, Ed.D**  
Superintendent

**JOLENE D. SMITH**  
Assistant to the Superintendent

Dear Parent or Guardian,

Communication between the Williams Valley School District and you is an important part of the education process for your student. Using available technology to communicate efficiently is important. However, technology is not fool-proof and confidential information could possibly be viewed by third parties via electronic means.

However, the district feels that the decision to communicate electronically should be given to the parent or guardian and can be an effective tool in managing your student's education. If you wish to receive information via email about your child, please sign the form below and return it to the school district.

Thank you.

A handwritten signature in cursive that reads "Diane R. Best".

Dr. Diane R. Best, Superintendent

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I give my consent for the school district and its employees to contact me via the email address indicated below regarding the student(s) named below. I understand that information sent via email may be viewable by third parties and cannot be considered private. This form will be in effect unless I submit a signed statement specifying that I no longer wish to be contacted via email. If my email address changes, I will submit a new form to the school district indicating the new email address.

Please check one:  New email address  Change / replacement of email address  
(old email address: \_\_\_\_\_)

Email address: \_\_\_\_\_ (please print clearly)

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Additional student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Additional student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Additional student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Relationship to student(s): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_