



FREP Student Information

Name: _____

Email Address: _____

Phone Number: _____

Parent Name: _____

Parent Email Address: _____

Parent Phone Number: _____

_____ Elementary School _____ Middle School

School Name: _____

Contact Permission: Saint Mary FREP

Please read the following statements and initial next to each for which you grant permission. A parent will be included in forms of communication. Complete by signing and dating at the bottom of this form. You will also need to sign and return a photo release form. Thank you!

_____ I grant Saint Mary permission to contact my child via text message.
(High school students only)

_____ I grant Saint Mary permission to contact my child via email.

Parent Name (Print) _____ Date: _____

Parent Signature _____ Date: _____