



Global Connect Emergency Notification **OPT OUT** Form

*Please understand that **Global Connect** will be the vehicle through which we will communicate **any kind** of emergency that could occur in any of our schools. **It will not be used solely for school delays or closings.** If you opt out you will not receive *any* type of calls from Global Connect regardless of reason emergency or non emergency.*

You must fill out a form for each child you have regardless of grade or building.

Student name _____

Student Street Address _____

City _____ Grade _____ Building _____

Student Home Phone _____

*By signing below you understand that **Global Connect** will be the vehicle through which we will communicate **any kind** of emergency that could occur in any of our schools. **It will not be used solely for school delays or closings.** You understand that if you **opt out** you will not receive any type of calls from Global Connect in the future regardless of reason, emergency or non emergency.*

Parent/Legal Guardian Name (please print) _____

Parent/Legal Signature _____ Date _____

Form(s) must be returned to your child's school office.

Office Use Only: Date _____ Initial _____