



ORISUN ACADEMY FOR HEALING ARTS

PERMISSION TO SHARE CONTACT INFORMATION

Family Directory & Community Communication

FAMILY CONSENT

I, _____, parent/guardian of _____, hereby give my consent to Orisun Academy for Healing Arts to share my family's contact information with other families currently enrolled at Orisun Academy for Healing Arts. This includes the email address(es) and phone number(s) I choose to provide below. I understand that Orisun Academy families may use this information to communicate regarding scheduling, school events, carpools, celebrations, and other community-oriented activities.

My personal contact information will not be sold or intentionally shared by the school outside of the Orisun Academy family contact list. I understand that participation is voluntary and that I may update or revoke this permission by notifying the school in writing.

Information I authorize Orisun to share: ☐ Email address(es) ☐ Phone number(s) ☐ Both

Parent/Guardian Name: _____

Signature: _____

Date: _____

CONTACT INFORMATION TO SHARE

Parent/Guardian Name and Pronouns: _____

Email: _____

Phone: _____

Parent/Guardian Name and Pronouns: _____

Email: _____

Phone: _____

Child's Preferred Name and Pronouns: _____

FOR SCHOOL USE ONLY

Received By: _____

Date Received: _____