

## **School Communication Opt-Out Form**

The Horseheads Central School District, your school, and teachers use ParentSquare to communicate with parents and guardians. This includes emergency messages as well as information closely related to the school's educational mission. You will receive notifications via email, text, voice call, and posts from ParentSquare mobile app and ParentSquare portal, depending on the contact information you have in (our Student Information System). Parents are automatically registered to receive notifications when they enroll their student. *Please note that standard text messaging rates may apply for all text messages.*

To opt-out of receiving notifications, you can:

- Fill out and return the form below to your school office, or
- Contact your school office with your email and cell phone number

You can also opt-out of:

- Emails: Click the Unsubscribe link in any email you receive
- Text Messages: Click the Opt-Out link in the first text message you receive from ParentSquare. You can also reply STOP to any subsequent text you receive.
- Phone Calls: Contact us at 607-481-2800 ext. 4295

If you are not a parent or guardian and are receiving notifications in error, please contact us at 607-481-2800 ext. 4295.

*\*Note that even if you opt-out of receiving communication, you will still receive notifications for emergencies and other school information deemed important, such as attendance and lunch balances.*

To opt back in:

- Contact your school with your email and cell phone number
- Text Messages: If you sent STOP, you can reply START to any text you had received or send START to: 66458

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*Please return to your school office*

Please update my communication preferences as indicated below. I understand that even if I opt-out of receiving all communication, I will still receive notifications for emergencies and other school information deemed important, such as attendance and lunch balances.

*Check box(es) below to opt-out*

|                          |                   |         |             |
|--------------------------|-------------------|---------|-------------|
| <input type="checkbox"/> | <b>Email</b>      | Opt-Out | Email:      |
| <input type="checkbox"/> | <b>Text</b>       | Opt-Out | Cell Phone: |
| <input type="checkbox"/> | <b>Phone Call</b> | Opt-Out | Phone:      |

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Student Name:\_\_\_\_\_ Student Grade: \_\_\_\_\_

School:\_\_\_\_\_