**Thomas Jefferson Middle School**

**PTA Communication Opt-Out Form**

**2017-2018**

**MUST BE RETURNED TO THE FRONT OFFICE**

**NOT LATER THAN SEPTEMBER 15, 2017,**

**TO THE ATTENTION OF MS. GRAY.**

Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student(s) Name and Grade(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We do NOT provide Thomas Jefferson Middle School administration the permission to provide the Thomas Jefferson Parent Teacher Association with our contact information, including our name, address, email or phone. We understand the use of such was intended only for purposes of disseminating to us PTA related communication and information for the 2017-2018 school year.***

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***\*Note – only complete this form if you do NOT want your information to be shared with the PTA. If you do want information shared, no form is required and information will be shared in September.***