

# FREE TO ELIGIBLE FAMILIES HIGH-SPEED INTERNET

## PARENT/GUARDIAN ACCEPTANCE OF SERVICE FORM

District Name: \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Student Current Address: \_\_\_\_\_

Student ID Number (if available): \_\_\_\_\_

### By returning this form, I allow the following:

- Gives district permission to share parent/guardian contact information with selected internet service provider to coordinate installation.
- Gives school district permission to share parent/guardian contact information with Texas Education Agency Connect Texas.

Would you like to update your address with your school district?    YES    NO

Parent/Guardian Printed Name: \_\_\_\_\_

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

**Please return completed form to your school office.**



### NISD OFFICE USE ONLY

Please scan and e-mail completed form to [TEACT@nisd.net](mailto:TEACT@nisd.net)

Sender: \_\_\_\_\_

Date E-Mailed: \_\_\_\_\_