



ACKNOWLEDGMENT OF RECEIPT OF DIGITAL COMMUNICATIONS POLICY

I, _____, am the parent or legal guardian of _____.

I have read the DIGITAL COMMUNICATIONS POLICY, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

Parent/Legal Guardian NAME (REQUIRED):

Parent/Legal Guardian SIGNATURE (REQUIRED):

Email (REQUIRED): _____

Address (REQUIRED): _____

City (REQUIRED): _____

State: New Jersey