

# Grace Community School

## E-mail Updates

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

E-mail: \_\_\_\_\_

I am giving permission for Grace Community Schools to send me updates and information that is relevant to my child's school via e-mail. I understand that if at any time I wish to cease receiving e-mail updates and information from Grace Community Schools that I need only e-mail Grace Community Schools and request to be removed from their e-mail contacts.

(gracecommunityschools@gmail.com)

School:  Bonita Springs

Cape Coral

Golden Gate

Medical Lane

Naples Park

N. Fort Myers

Skyline

Port Charlotte

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

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