



**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