



Georgia Academy for the Blind

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www.gabmacon.org

Dr. Cindy Gibson, Superintendent

OPT-IN FORM

I WOULD LIKE TO RECEIVE NON-EMERGENCY, SCHOOL RELATED, AUTOMATED VOICE AND TEXT MESSAGES ON MY PHONE.

By signing below and indicating my cell phone number, I agree to receive automated text and/or voice mail messages from Georgia Academy for the Blind. If the Student or Parent/ Guardian wish to rescind this agreement they may do so at any time with written notice. Otherwise, this permission remains in effect while the student continues to be enrolled at GAB.

These automated messages will include, but not limited to, announcements and reminders about upcoming school related events.

I understand that I can submit a written opt out request at any time.

I agree to inform the school if there is a change in my cell phone number.

Name: _____

Date: _____

Signature: _____

Student name: _____

Cell phone 1: (____) _____

Cell phone 2: (____) _____

Additional numbers: (____) _____

(____) _____