

Request to Share Your Contact Information with DCSCO

As the parent group for the school, the Don Callejon School Community Organization (DCSCO) coordinates several programs that benefit the students and staff of Don Callejon School (DCS), including the following:

- Parent Meetings
- Volunteers (e.g., Room Parent, Safety Patrol, and Valet programs)
- Special Events and Fundraisers
- DCS Cub Directory
- eScrip
- DCSCO Entrepreneurs Program
- Employer Donation and Volunteer Hour Matching Programs



As DCSCO is a tax-exempt, 501(c)(3) non-profit organization, your donations of money may be tax deductible; a receipt will be provided for any donations you make. If your donations and volunteer hours may be matched by your employer, please provide your place of employment so that we may notify you of any possibilities.

In an effort to coordinate and optimize our fundraising and volunteer hours, the school wishes to provide DCSCO with your contact information to help DCSCO keep track of donations and time volunteered. This is completely voluntary, and your information will not be shared with any outside parties. Further, no private student academic or behavioral information will ever be shared with DCSCO.

Please complete and sign the following form and return this entire page to the school. For more information, contact the school at (408) 423-3300.

Voluntary Parent Information Authorization

I hereby authorize Don Callejon School to give my personal information, including my name, the name(s) and grade(s) of my student(s), address, telephone number, and email address, to the Don Callejon School Community Organization. DCSCO may use this information to enroll me as a voting member of the organization (no dues required) and to contact me about meetings, volunteer needs, and fundraising opportunities.

In addition to signing-up for DCSCO general membership, I wish to participate in the additional programs for which I have checked boxes below.

Please include a listing for my family with our names and contact information in the *DCS Cub Directory*, which will be distributed to school families to help them communicate with each other.

Please enroll me in the eScrip program so that Safeway will donate 1-4% of the money I spend at Safeway to DCSCO, at no cost to me.

Safeway Club Card #

I own a local business and would be interested in making donations to the school based on referrals from DCSCO's Entrepreneurs Program.

Company Name:

Someone in my household works for a company that offers matching donations, grants, or other non-profit funding that might benefit DCSCO.

Company Name:

My information may not be divulged to any other parties without my express, written consent. This authorization shall stay in effect as long as I have a child enrolled at Don Callejon School. I may revoke this authorization at any time by providing written notice to Don Callejon School.

Parent's Signature: _____ Date: _____

Parent's Name (please print): _____

Name(s) of Student(s): _____