

## SHARED TIME AUTHORIZATION FORM

Specific non- public schools and Brighton Area Schools have entered into a partnership to provide instruction to students in certain “non-essential elective courses” as defined by the State of Michigan. In order for this instruction, and to share attendance, disciplinary, special needs, or other similar student information these non-public schools and Brighton Area Schools will need the written consent of each parent/guardian in order to comply with state and federal (Family Educational Rights to Privacy Act) laws. Therefore, please complete the information below and return this form to your child’s school office. Thank you for your assistance and we look forward to an exciting and successful school year.

As the parent/guardian of: \_\_\_\_\_,  
(Student First) (Middle) (Last Name)

I hereby provide my consent to \_\_\_\_\_ School and Brighton  
(School Name)  
Area Schools to share student demographic information for enrollment purposes, as well as student records such as attendance, discipline information, special needs of students, and other similar student information for the purposes of providing instruction in non-essential elective courses to \_\_\_\_\_ School students.  
(School Name)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature