

**ALTERNATIVE SCHOOL PROGRAM:
PARTIAL WAIVER OF CONFIDENTIALITY**

A parent/guardian of a child participating in the Rapid City Area Schools Alternative School Program has the option to accept or refuse the opportunity to receive registration information mailings from the school in their child's attendance area.

Please indicate your interest below and sign and date this form.

_____ I do want to receive registration information mailings from the school in my child's attendance area.

_____ I do not want to receive registration information mailings from the school in my child's attendance area.

Name: _____ Date: _____