



CONSENT TO SHARE ADDITIONAL STUDENT DATA

If your child is a kindergartner at a St. Louis Public School or St. Louis City charter school for the 2015-2016 school year **or later** their college savings account will open automatically. However, in order to participate in the attendance incentive, we need your permission to access your student's attendance records from your child's school. Your child will receive a \$20 deposit for returning this form *plus* the attendance incentive.

ATTENDANCE INCENTIVE

Your child will earn attendance deposits based on his/her attendance in school. At the end of the school year a deposit will be made into your child's account. The school will provide an attendance report to College Kids to determine the award using the following attendance tiers:

- 95-100% - \$30
- 90-94% - \$25
- 80-89% - \$20
- 70-79% - \$15
- 60-69% - \$10
- Up to 59% - \$5

Please sign and date this consent form and give it to your child's teacher or mail to: City of St. Louis Treasurer's Office, Attn: Office of Financial Empowerment College Kids Program, 1200 Market Street, Room 220, St. Louis, MO 63103.

Consent Agreement

In order to qualify for the weekly attendance program, I give my consent for the St. Louis Public School District (SLPS) to share my child or dependent's school attendance information and student identification number with the Treasurer's Office and its financial and administrative partners (including but not limited to 1st Financial Federal Credit Union and VistaShare) for the sole purpose of College Kids program management and participation, and to provide additional monetary awards to my child in his/her College Kids savings account.

I understand the Treasurer's Office will treat school attendance information as confidential in conformity with all federal, state, and local laws, including but not limited to the Family Educational Rights and Privacy Act, will not release any information to any parties not explicitly set forth in this agreement, and that any school attendance information will be used for the sole purposes of administering the College Kids program. I understand that participation in the College Kids program is voluntary.

I am the parent or legal guardian of the student named below, and hereby fully release and discharge the SLPS and Charter Schools' officers, employees and agents from any and all liabilities arising out of or in connection with the above described data sharing relative to College Kids.

RETURN THIS FORM TO SCHOOL FOR A \$20 DEPOSIT INTO YOUR CHILD'S COLLEGE KIDS ACCOUNT!

PLEASE PRINT Student's Name (first, middle, last)

Student's Birth Date (month, day, year)

PRINT Parent/Guardian's Name (first, middle, last)

Parent/Guardian's Signature

School Name

Language Preference

Email Address

Today's Date