



BAYONNE BOARD OF EDUCATION  
Administration Building  
669 Avenue A  
Bayonne, NJ 07002

John J. Niesz  
*Superintendent of Schools*

Tel. (201) 858-5817  
Fax (201) 858-6289

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## **Consent Form for Electronic Communication with Students**

Permission of the parent or guardian must be obtained, in writing, in order for a Bayonne Employee to communicate with a student via electronic means through social media and other social networking websites.

School: \_\_\_\_\_

Building Administrator: \_\_\_\_\_

Name of Teacher/Advisor/Coach: \_\_\_\_\_  
(Please Print)

Name of Student: \_\_\_\_\_  
(Please Print)

Relationship to Student: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_  
(Please Print)

Signature of Parent or Guardian \_\_\_\_\_

Signature of Teacher/Advisor/Coach \_\_\_\_\_

Date: \_\_\_\_\_