



Voice Features Deactivation Agreement

Whereas, _____ (Parent) the parent of _____ (Student), who is presently enrolled at _____ (School), have subscribed to the AngelSense service (AngelSense), which includes a personal GPS device for Student to wear also when on school property, during school hours; and

Whereas this GPS system has two voice features, including 2-Way Voice and 1-Way Voice; and the GPS system does not record.

Whereas the 1-Way Voice feature allows parents to listen in in real time.

It is hereby agreed as of _____ (date), between Parents and School as follows:

- The following feature(s) of the Student's GPS system will be disabled, as specified in the attached School Schedule. (please check voice feature to deactivate)
☐ 1-Way Voice ☐ 2-Way Voice ☐ Alarm
- **In the event that the Student elopes from School or any School-sponsored activity**, parents can reactivate the voice features of Student's GPS system
- The following feature(s) will be available to the School representatives below: (please check desired features)
 - ☐ Notifications when voice features are disabled (start of school day) and enabled (end of school day)
 - ☐ Notifications with School Schedule change (if features are enabled during School Hours)
 - ☐ Notifications of Arrival and Departure (during School Hours)
 - ☐ Timeline View (during School Hours)
 - ☐ Edit School Schedule



Agreement Expiration:

This Feature Commitment begins _____ (date) and expires on the last day of school defined as _____ (date).

The voice features selected above, will not be available during:**

Days: _____ - _____, Hours: _____ - _____ (Time Zone).

Days: _____ - _____, Hours: _____ - _____ (Time Zone).

****Excluding vacations and holidays provided in the following table:**

(Month/Day/Year) Ex. 12/24/19 - 1/14/20

**Note: At this time, early release/half days are not an option for automation. All dates listed below will be enabled for the full day.*



School approved contacts are:

For securing and verifying the communication from school, AngelSense will only act on requests that are sent through the listed pre-approved school personnel via email.

Authorized school personnel:

Primary:

Name: _____

Title: _____

Telephone: _____

Mobile: _____

Email: _____

Alternate if Primary Unavailable:

Name: _____

Title: _____

Telephone: _____

Mobile: _____

Email: _____

Optional Additional School Email for Receiving Notifications

Name: _____

Title: _____

Telephone: _____

Mobile: _____

Email: _____



(Parent Signature) _____

Date signed: _____

(School Signature) _____

Date signed: _____

Parent Name: _____

Parent Email: _____

Parent Telephone: _____

Angel ID: _____