# Directory Information

**Opt-Out Form (optional)**

## Please read carefully and submit only if you wish to opt-out:

### Under state and federal law, information a school selects as directory information is considered information that can be released to the public without prior written parental consent.

Newgrange School considers the following information as directory information: Student’s Name

Name of Parents or Guardians

Student’s Address Telephone Listing Grade level

Electronic mail address

Any photograph, video or recording of a student’s likeness Participation in officially recognized activities

Degrees, honors and awards received Date of attendance

**The primary purpose of the directory information** is to allow the school to include this type of information in certain school publications, such as: a school-wide directory so that parents may contact other parents in their child’s homeroom, the annual yearbook, scholarship awards or other recognitions, graduation programs, a playbill indicating your student’s role in an artistic production or performance. Publications may for promotional purposes also include electronic media such as the school’s website or Facebook page. Directory information can also be disclosed to outside organizations without parents’ prior written consent. The organizations with which the school would share directory information are the PAC (Parent Activities Committee) or other parent support group, and vendors identified by the school as providing class rings, yearbooks, or student portraits to families.

## A parent may elect to opt-out of the release of directory information by completing and submitting this form. Note that even if you have opted out in past years, you must do so again on an annual basis.

**Please note that opting out of directory information means your child will NOT be included in items such as the yearbook, graduation programs, and district or local media stories.**

### I, as the parent/guardian, elect that Newgrange School is NOT able to disclose directory information related to my child(ren) named below.

|  |  |  |
| --- | --- | --- |
| **Child’s Name:** | **School:** | **Grade:** |
| 1. |  |  |
| 2. |  |  |

|  |  |  |
| --- | --- | --- |
| **Parent / Guardian Printed Name:** | **Parent/Guardian Signature:** | **Date:** |
|  |  |  |

**This form must be received by the end of the second week of a new school year.** It may be rescinded at any time by requesting so in writing.

### Office Use:

|  |  |  |
| --- | --- | --- |
| Date Received: | Recorded: | Initials |
|  |  |  |

8/6/2020