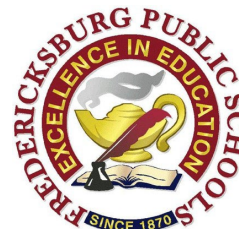


STUDENT OPT-OUT FORM

Fredericksburg City Public Schools
Published Student Information
Opt-Out Form
2023-2024



STUDENT

Student Name _____ Grade Level _____

Homeroom Teacher _____

Please read carefully and initial in the space provided **ONLY** if you **DO NOT** want the following information published in school newsletters, newspapers, yearbooks, websites, or released for public media coverage.

_____ **I DO NOT** give permission for my child's NAME to be published.

_____ **I DO NOT** give permission for PHOTOGRAPHS/VIDEOTAPES of my child to be published.

_____ **I DO NOT** give permission for my child's WORK or ACCOMPLISHMENTS to be published.

_____ **I DO NOT** give permission for my child's NAME, ADDRESS, or TELEPHONE NUMBER to be released to military recruiters or institutions of higher learning.
(For High School Students Only)

_____ **I DO NOT** give permission for my child's SCHOOL EMAIL ADDRESS to be utilized for educational software. (District-approved software only)

Fredericksburg City Public Schools has designated some of the following information as directory information.

Student name, address, telephone listing, date, and email address, among other information.

I understand that the school division may release my child's address, email, and telephone number as designated directory information according to federal law without my affirmative written consent.

I hereby notify Fredericksburg City Public Schools that my child's directory information may not be released pursuant to this written consent.

If you do not want the school to release specific Directory Information about your child, please notify the school in writing, or you may initial the appropriate boxes and return this form to your child's principal within fifteen (15) days.

PARENT

Parent Name (please print) _____

Parent Signature _____

Date _____