

BALTIMORE COUNTY PUBLIC SCHOOLS

Joe A. Hairston, Superintendent

6901 Charles Street Towson, MD 21204-3711

DATE: August 2009
TO: Parents/Guardians and Eligible Students
FROM: Patsy J. Holmes, Director, Student Support Services
RE: **Opt Out Preferences – PLEASE READ CAREFULLY!**

This is the *Parental Opt Out Form for Directory Information* for the 2009-2010 school year. Under the *Family Educational Rights and Privacy Act* school systems may release directory information on enrolled students. Directory information includes: name, address, date of birth, participation in officially recognized activities and sports, as a member of an athletic team height and weight, dates of attendance, degrees and awards received.

To opt out means that a parent/guardian or eligible student is not permitting the Baltimore County Public Schools (BCPS) to share a student's directory information. To make your requests known, you must put your requests in writing or complete the form below and send it to the school's principal by October 1 of this school year or within 30 days of the student's enrollment in school. If you do not express your preferences, you are giving BCPS permission to share your child's directory information.

PARENTAL PRIVACY PREFERENCE OPT OUT FORM FOR DIRECTORY INFORMATION

1. You refuse to permit BCPS to release your child's name, address, and telephone number to United States military recruiters.
2. You refuse to permit BCPS to release your child's name, address, and telephone number to institutions of higher education such as: colleges, universities, or trade schools.
3. You refuse to permit BCPS to release your child's directory information to organizations such as Boys and Girls Clubs, YMCA, Scouts, PTA, boosters clubs, yearbooks, companies that take pictures at schools, and other agencies and businesses.
4. You refuse to permit BCPS to release your child's directory information to anyone.

Please complete and return this portion to school.

PARENTAL PRIVACY PREFERENCE OPT OUT FORM FOR DIRECTORY INFORMATION

Student's Name (printed) _____

School _____ Grade _____ Homeroom/Teacher _____

Please **CHECK** the statement(s) below that you expect BCPS to follow.

Please Check

1. Do not release my child's name, address, and telephone number to United States military recruiters. _____
2. Do not release my child's name, address, and telephone number to institutions of higher education. _____
3. Do not release my child's directory information to any organization of parents, teachers, students, former students, businesses, agencies, or any combination of these groups. _____
4. Do not release my child's directory information to anyone. _____

Parent's/Guardian's/Eligible Student's Signature

Date

PLEASE READ OTHER SIDE

PARENTAL PRIVACY PREFERENCE OPT OUT FORM FOR TELECOMMUNICATIONS AND INTELLECTUAL PROPERTY

This is the *Parental Privacy Preference Opt Out Form for Telecommunications and Intellectual Property* for the 2009-2010 school year. If you do not want your child to participate in the use of telecommunications, do not want your child photographed, video taped and/or audio taped during school-sponsored activities and/or learning experiences, or do not want your child's intellectual property published/produced/displayed, you must opt out.

To opt out means you do not want the student to use telecommunications and/or you do not want the student's intellectual property published/produced/displayed anywhere. You must put your request in writing or complete the *Parental Privacy Preference Opt Out Form for Telecommunications and Intellectual Property* and send your requests to your child's principal by October 1 of this school year or within 30 days of your child's enrollment in school. If you do not express your preferences, you are giving your child permission to use telecommunications and you are giving BCPS permission to publish/produce/display your child's intellectual property.

1. If you do not want your child to use telecommunications in school, your child may not use any computer connected to the internet or the intranet, meaning your child will not have access to digital resources and BCPS licensed software. However, teachers may use telecommunications, for entire class presentations, demonstrations, and other teacher-directed instruction.
2. If you do not want your child to be photographed, video taped, and/or audio taped or identified by his/her first or last name, your child's photograph will not be posted or displayed anywhere within the school; your child's picture will not be a part of a yearbook, memory book, memory video, sports team, club, or any other distributed, digital media or Web site; your child's photograph will not be included in pictures with peers, nor will your child's photograph be included in class pictures taken by a company's employee, student, teacher, or photographer.
3. If you do not want BCPS to publish/produce/display your child's intellectual property created during school-sponsored activities and/or learning experiences in any productions, newsletters, publications, broadcasts, or commercial news broadcast media, your child's intellectual property will not appear in a school or school system level Web site, pod cast, video production, education channel production or broadcast or commercial news media; your child will not be photographed by school staff or students who provide photos to news media or by news media photographers.

Please complete and return this portion to school.

PARENTAL PRIVACY PREFERENCE OPT OUT FORM FOR TELECOMMUNICATIONS AND INTELLECTUAL PROPERTY

Student's Name (printed) _____

School _____ Grade _____ Homeroom/Teacher _____

Please **CHECK** the statement(s) below that you expect BCPS to follow.

Please Check

1. Do not permit my child to use BCPS telecommunications. _____
2. Do not photograph my child, video tape my child, and/or audio tape my child, or identify my child by using his/her first or last name during school-sponsored activities and/or learning experiences. _____
3. Do not publish/produce/display my child's intellectual property created during school-sponsored activities and/or learning experiences in any productions, newsletters, publications, broadcasts, or commercial news broadcast media. _____

Parent's/Guardian's/Eligible Student's Signature

Date
PLEASE READ OTHER SIDE