



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
STUDENT DATA MANAGEMENT

Parent/Guardian/Emancipated Student Informed Notifications, Consents and Releases for Student Registration

PARENT/GUARDIAN/EMANCIPATED STUDENT			
Carefully read the following and respond to all questions and sign this form. This form must be completed for each student each school year or if a student changes schools.			
Student First Name	MI	Last Name	Suffix
Student Birth Date	Student ID # (if known)	Student's Current School	

Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that they understand, and agree to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <https://www.boarddocs.com/fl/palmbeach/Board.nsf/Public>. Click Policies, under chapter 8 --Policy 8.123.

Notice of medical records disclosure: Your child's medical records or medical information that has/have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. **I understand that without checking the permission box** my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

☐ I give permission

☐ I do not give permission

ESE STUDENT ONLY: In accordance with FERPA, at 34 CFR §99.30 and IDEA requirements, I authorize the School District of Palm Beach County, Florida, to release and exchange my child's confidential student information to agencies of the State of Florida which would allow Palm Beach County Public Schools to receive Medicaid reimbursement for health related exceptional student services it provides to my child while at school. I understand my consent is voluntary and may be revoked at any time. My child will continue to receive services as per his/her IEP whether or not I give consent. In addition, I understand that I am not required to enroll in any public benefits or insurance program and that no out of pocket expense will be incurred for services provided as a part of FAPE, and that there is no impact to my Medicaid benefits as a result of the school district's reimbursement for services.

☐ I authorize release

☐ I do not authorize release

HIGH SCHOOL STUDENT ONLY - Opt-out for the release of information to military: The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do **not** want your child's information released to the military without prior written parental consent, check below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.

☐ I do not authorize release of my child's information to the military.

HIGH SCHOOL STUDENT ONLY - Transcript Request: I understand that the purpose of this release is to facilitate the communication of student information to authorized institutions. The Family Educational Rights and Privacy Act (FERPA), as amended, protects the privacy of education records and student related information. I understand and agree that this information will not be disclosed to any third party without the express consent of the parent/guardian or adult student.

☐ I authorize release

☐ I do not authorize release

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

Parent/Guardian/Emancipated Student Printed Name

Parent/Guardian/Emancipated Student Signature

Date