

PARENTAL CONSENT FOR RELEASE OF STUDENT INFORMATION CONCERNING ATHLETIC PROGRAMS, AWARDS, HONOR ROLL LISTS, ONLINE RESOURCES, TOPS, COLLEGE SCHOLARSHIPS, NCAA, GRANTS, AID PROGRAMS, COLLEGE/UNIVERSITY ADMISSIONS, CAREER COMPASS COUNSELING, ETC.

With your consent, some of your child’s information may be shared with the Louisiana Office of Student Financial Assistance (LOSFA), Louisiana High School Athletic Association (LHSAA), various clubs and organizations that your child will join (BETA, FCA, FHA, etc.), local news media (Athletics, honor roll, events, and awards), event programs (football and other sporting events, music and theatrical performances, graduation and award ceremonies, etc.), yearbooks, online resources and educational tools (digital library resources, homework help, etc.), any post secondary education institution(s) to which your child applies, school photography providers, and some others as permitted by law or Board policy.

To allow your child to appear in event programs, and be recognized for awards and achievements, take pictures for ID badges, take advantage of online resources, and to insure eligibility for TOPS, you must sign to provide your consent.

VPSB will follow all local, state, and federal data security rules and only share the data that is required for the purpose stated or allowed by Directory Information Notice in the VPSB Policies Handbook and Student Code of Conduct or Board policy.

COLLECTION AND RELEASE OF GENERAL DIRECTORY INFORMATION CONCERNING MY CHILD

So that my child’s participation can be recognized in school organizations, athletics, graduation and award ceremonies, recognition in yearbooks, academic awards, event programs and other like traditional school activities, I consent to the school collecting and releasing to local news media, program and yearbook printers, school clubs and organizations that my child joins or participates in, and other like appropriate persons or entities the following general or directory information:

- 1. Student’s name and grade level; 2. Student’s major field of study; 3. Student’s participation in officially recognized activities and sports; 4. Student’s weight and height as member of athletic teams; 5. School attended by the student and degrees and awards received; 6. Photographs or videos taken in connection with the activities, awards, etc. mentioned above.

ALL PARENTS MUST SIGN THE CONSENT BELOW!!

STUDENTS ENROLLED IN GRADES 8-12

If my child is enrolled in the Vernon Parish school System in grades 8-12, in order to facilitate my child’s application to colleges or other post secondary educational institutions and to federal and state agencies for student financial aid, I consent to the collection of my child’s full name, date of birth, social security number and student transcript date with the understanding that this information will be disclosed only upon my request to a college or other post secondary educational institution identified by me to be used solely for the purpose of processing my child’s application for admission and additionally to the Office of Student Financial Assistance to be used solely for the purpose of processing application to the office for state and federal student grants and for required grant program reporting.

I UNDERSTAND THAT THE FAILURE TO PROVIDE WRITTEN CONSENT FOR THE COLLECTION AND DISCLOSURE OF MY CHILD’S STUDENT INFORMATION ANNUALLY FROM THE 8-12 GRADES MAY RESULT IN DELAYS OR MAY PREVENT SUCCESSFUL APPLCIATION FOR ADMISSION TO A COLLEGE OR OTHER POST SECONDARY EDUCATIONAL INSTITUTION AND FOR STATE OR FEDERAL STUDENT FINANCIAL AID FOR MY CHILD’S ATTENDANCE IN THOSE POST SECONDARY INSTITUTION.

In accordance with HB 718 of 2015 my consent given above shall continue unless and until that consent is withdrawn in writing.

THE CONSENT WHICH I HAVE GIVEN ABOVE FOR COLLECTION AND RELEASE OF DIRECTORY INFORMATION OR MORE SPECIFIC PERSONAL IDENTIFYING INFORMATION IF MY CHILD IS ENROLELD IN GRADES 8-12 MAY BE REVOKED OR WITHDRAWN BY ME BY A NOTICE SIGNED BY ME AND DELIVERED TO THE OFFICE OF THE PRINCIPAL OF THE SCHOOL WHICH MY CHILD WILL ATTEND DURING THE UPCOMING SCHOOL YEAR WITH A COPY SIMULATANEOUSLY MAILED TO THE VPSB SUPERINTENDENT OF SCHOOLS, 201 BELVIEW ROAD, LEESVILLE, LOUISIANA 71446 OR PHYSICALLY DELIVERED TO THE OFFICE OF THE SUPERINTENDENT AT 201 BELVIEW ROAD, LEESVILLE, LOUISIANA 71446.

Signature of Parent/Legal Guardian

My Child’s Full Name

Grade

Printed Name of Parent/Guardian

School Name

Date

(PLACE ORIGINAL SIGNED FORM IN STUDENT’S FILE AT SCHOOL – DO NOT DESTROY).