



NORTH WARREN REGIONAL SCHOOL

Sarah Bilotti, M.Ed., Superintendent

P.O. Box 410, 10 Noe Road, Blirstown, NJ 07825
Phone: 908-362-9342 ♦ Fax: 908-362-8744

August 2015

Dear Parent or Guardian:

The North Warren Regional School District traditionally publishes student names in the local media and on the district web site. In addition, photographs may be included with press releases sent to local newspapers and displayed at various functions. While the intent is to be informative, there is concern about the individual right to privacy under the *Family Educational Rights and Privacy Act (FERPA)*.

This **consent form** has been prepared to inform you and to request permission for your child's photograph and name to be published on the district's web site and to be sent to local media for various school-related activities, including, but not limited to: awards, honor rolls, special programs, scholarships, community service activities, athletic events, or program playbills. Additionally, we are required to provide student names, addresses, and phone numbers to military recruiters unless you specifically tell us not to do so.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, as your school district, we do want to celebrate your child's work and accomplishments. **The law requires that we ask for your permission to use information about your child.**

Pursuant to the law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student name, photographs, or images, school location, and class trip information.

If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing, by sending a letter to the principal and such change will take effect upon receipt by the school.

Please complete the form on the other side of this letter. You may check one or more of the choices. This form **must be returned** to the school. **One form must be completed for each child who attends North Warren.** If we do not receive a completed form, we are required to assume that we **do not** have your permission to release information regarding your child.

If you have any questions, please feel free to contact Mr. Louis Melchor, Principal, at (908) 362-8211.

Sincerely,

Sarah Bilotti, M.Ed.
Superintendent

SB/lS

North Warren Regional High School

2015-2016 Parent/Guardian Consent to Publish Form

(Please check all that you wish to apply)

- I grant permission for my child's photograph/image to be published on the school or district's public Internet web site.
- I grant permission for my child's photograph/image to be published in school or district publications.
- I grant permission for my child's name and school to be published on the school or district's public Internet web site.
- I grant permission for my child's name and school to be published in school district publications or released to the local media.
- I **DO NOT** grant permission for my child's photograph/image or name and school to be published on the school or district's public Internet web site or to be published in school district publications or released to the local media.
- I grant permission for my child's name, address, and phone number to be released to Armed Forces recruiters. (This item pertains to students in grades 9 through 12 only.)
- I **DO NOT** grant permission for my child's name, address, and phone number to be released to Armed Forces recruiters. (This item pertains to students in grades 9 through 12 only.)
- I grant permission for my child's name, address, and phone number to be released to a County Vocational School District.
- I **DO NOT** grant permission for my child's name, address, and phone number to be released to a County Vocational School District.

Student's Name (print): _____

Grade: _____ Date: _____

Signature of Parent/Guardian: _____

Relation to Student _____

Please have your child bring this form to school on the first full day of classes, September 8, 2015.

THIS FORM MUST BE RETURNED TO SCHOOL OR WE ARE PROHIBITED FROM RELEASING INFORMATION ABOUT YOUR CHILD.

Thank you for your cooperation.