

OBJECTION TO RELEASE OF DIRECTORY INFORMATION – 2023-24

Complete only if you wish to restrict the disclosure of directory information

Directory information is personally identifiable information in an education record which generally would not be considered harmful or an invasion of privacy if released. Examples include student name; parent name, email and telephone number; student email; and photograph. For more information, see school board policy JOA and the District Handbook. *This form is valid for the present school year only.*

OPTIONS

NO RESTRICTION

The district may release directory information. You do not need to complete this form.

LIMITED RESTRICTION

The district MAY RELEASE directory information, EXCEPT (check all that apply):

No School Directory / School-Related Organizations – I **do not** want my name, my student's name or any family contact information released to school-related organizations such as the PTA and booster clubs. I understand that this means my student will not be included in a school directory.

No Yearbook / Class Photos Use – I do not want my student's photograph or name to appear in the yearbook or in official class photos.

No Publicity – I **do not** want my student's photograph, video or name to be used on the school or district website or in any district publication produced by and made available to the public by the district. To the extent that the district controls access by news media reporting on school programs and topics during school hours, I do not want the news media to identify by name, interview, photograph or video my student.

COMPLETE RESTRICTION

No Information – the district may not release any directory information about my child. I understand that this means that information about and pictures of my child will not appear in any school publications that are made public such as yearbooks, official class photos, athletics, music, drama or graduation programs, and honor lists. It also means that my name and contact information, and my child's name, will not be provided to the school PTO or other parent group, which may publish a student directory. It also means that my student's image and voice will not appear on the school website, a teacher website or in any publication produced by and made available to the public by the district.

This is the most restrictive option. Selecting this option restricts the school and district from releasing any personally identifiable directory information about a student, including basic details like their name or photo. DO NOT select this option if you wish your student to be in the yearbook or class photo, identified in a music or drama program or listed in a team roster. Instead, check one or more of the Limited Opt Out options above.

Please sign and return to school office only if you have read and understand the options above.

Print Student Name: ______

Date of Birth: ______ School:

Print Parent Name: _____

Oregon law requires all school districts to provide age-appropriate human sexuality education courses as an integral part of elementary and secondary health education instruction and curriculum. Depending on your student's grade level, topics may include responsible decision-making, reproduction, pregnancy prevention, AIDS education, the prevention of sexually transmitted diseases including but not limited to human immunodeficiency virus (HIV). Parents will be notified before any planned instructional unit on human sexuality or HIV/AIDS.

If you would like more information on the curriculum, would like time to review the curriculum, or have any questions or concerns, please talk with your teacher or principal.

Parents have the option of excluding their child from such instruction. If you do not want your child to receive such instruction, please indicate below and return this form to the school. Students excused from human sexuality instruction will be provided an alternate activity. If you have no objection, you should not return this form.

Request to Excuse Student From Human Sexuality Instruction – 2023-24

Print Student Name: _____

Print Parent Name:

I do not want my child to receive human sexuality instruction from the school. Please excuse my child from this portion of health instruction and provide my child with an alternative activity.

Parent Signature

RETURN TO SCHOOL OFFICE



Date:

NOTICE OF HUMAN SEXUALITY INSTRUCTION - 2023-24

Complete only if you wish to excuse student from human sexuality instruction

Eugene School District

Office: Record in Synergy and file in student's cumulative file

This form is valid for the present school year only.

Parent Signature:

Date of Birth: _____

School:

Date