

North Cape School District

Home of the Vikings

11926 West Highway K
Franksville, WI 53126
Phone: 262-835-4069
Fax: 262-835-2311
www.northcape.k12.wi.us

DIRECTORY DATA OPT-OUT FORM

REQUEST TO WITHHOLD DIRECTORY DATA (DO NOT GIVE OUT OR PUBLISH)

Student's Name: _____
Last First Grade

I do not want the North Cape School District to disclose "directory data" as checked below without prior consent from parent, legal guardian, guardian ad litem.

- _____ Student Name
- _____ Month and day of Birth
- _____ Dates of Attendance (not including daily attendance records)
- _____ Grade Level in School
- _____ Participation in Activities and Sports
- _____ Weight and Height (Athletic Team Members Only)
- _____ School Most Recently/Previously Attended
- _____ Recorded Images of the student that are not being maintained by the District for a separate purpose as a behavioral record
- _____ Awards, Honors and recognitions received by the Student

_____ I wish to opt out of the disclosure of my child's student directory data in response to all third party (i.e., non-school) requests. However, my child's directory data may be used and disclosed in connection with school-sponsored activities and school-sponsored publications and communications (such as yearbooks, printed activity programs, newsletters, etc.).

Signature of Parent/Legal Guardian/Guardian ad litem

Date: _____