



Fossil Elementary

# Fossil School District 21J Fossil Charter School

PO Box 206 Fossil, OR 97830-0206  
541-763-4303  
Jim Smith, Superintendent



Wheeler High School

## Acknowledgment of Student Code of Conduct and Permission to Release of Information

Parents and students must acknowledge receipt of the Student Code of Conduct and the consequences to students who violate district disciplinary policies. *Parents objecting to the release of directory information on their student should notify the district office within (15) days of receipt of the student handbook. This may include releasing student's picture during a school function.*

*Parents must also give their signed and dated written permission for the district to release personally identifiable information.*

### Permission Statement:

I understand and consent to the responsibilities outlined in the Student Code of Conduct. I also understand and agree that my student shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school during the regular school day, at any school-related activity regardless of time or location and while being transported on district provided transportation. I understand that should my student violate the Student Code of Conduct he/she shall be subject to disciplinary action, up to and including expulsion from school and/or referral to law enforcement officials, for violations of the law.

Regarding student education records, I understand that certain personally identifiable information about my student is considered directory information and is generally not considered harmful or an invasion of privacy if released to the public. Directory information includes but is not limited to: **the student's name, address, telephone listing, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and the most-recent previous educational agency or institution attended.** I have marked through those types of directory information listed above that I wish the district to withhold. I understand that unless I object to the release of any or all of this information within fifteen (15) school days of the date this student handbook was issued to my student, directory information may be released by the district for use in local school publications, other media and for such other purposes as deemed appropriate by the principal.

I also understand that certain student information is considered personally identifiable information and may be released only with prior notification by the district of the purpose(s) the information will be used, to whom it will be released and my prior written, dated and signed consent unless otherwise permitted by law.

Personally identifiable information includes but is not limited to: the student's name, the name of the student's parents or other family member, the address of the student or student's family, and personal identifiers such as the student's social security number, a list of personal characteristics or other such information that would make the student's identity easily traceable.

*I have marked through the types of directory information that I wish the district to withhold.*

\_\_\_\_\_  
Parent/Eligible Student (18 or older) Signature

\_\_\_\_\_  
Date

*Please sign and return before September 30!*