

Dear Parent/Guardian:

Wibaux Public School conducts vision, hearing, & dental screenings throughout the year. The purpose is to gather information on the health needs of children throughout Montana. Results will be kept confidential and your child will not be named in any survey report.

If you do not wish for your child to have a dental, vision, or hearing screening, please check NO below and return the form to the school.



Health Screening

If you do not want your child to have health screenings, please complete the form below and return it to the school.

Child's Name: _____ Child's Teacher: _____

- _____ NO, I do not want my child to receive a dental screening
- _____ NO, I do not want my child to receive a vision screening
- _____ NO, I do not want my child to receive a hearing screening

Parent/Guardian Signature

Date

Wibaux Public Schools

CONSENT TO RELEASE PHOTO/IMAGE

During the current school year, your child/children's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a sample project/activity on CD's created by Wibaux Public School for use in workshops and student classrooms
- Posted on a school bulletin board or in classrooms
- Posted on the school website
- Appear on videotape made during a student presentation of their project, or in or videotapes demonstrating computer multimedia in general
- Used in a printed publication such as a newspaper or magazine
- Used in the State of Montana Missing Children Database – If your child goes missing they will pull the current school photo out of our Student Information System to be used.

While your child/children's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the Web.

Please sign the release form below and return this sheet to your child's school. Your permission grants us approval to publicize without prior notification and remains in effect until revoked. Thanks!

Release Form *(please circle one)*

_____ I/We **Do Not Approve** permission for _____'s
Child/Children's full name
image/photograph or work to be used as described above.

Parent/Guardian Name _____
Please print clearly

Parent/Guardian Signature _____

Address _____

City, State, Zip Code _____

Phone Number _____ Date _____

Release of "Directory Information"

"Regarding student records, federal law requires that 'directory information' on my child be released by the District to anyone who requests it unless I object in writing to the release of this information. This includes release of directory information to military recruiters and post-secondary institutions. This objection must be filed within ten school days of the time this handbook was given to my child. Directory information ordinarily includes the student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, photographs, and dates of attendance, awards received in school, and most recent previous school attended.

In exercising my right to limit release of this information, I have completed the Student Directory Information Notification and returned it to the school.