



An Idaho public charter school creating patriotic & educated leaders
 Located in the Historic New Sweden Building
 1736 S 35th W, Idaho Falls, Idaho

DIRECTORY INFORMATION RELEASE FORM

Student Name: _____

Date: _____

Throughout the course of the school year, the media may be in our school or at school-sanctioned events to cover our activities. Often, they are present at our request to showcase our students and teachers engaged in exciting educational activities. At times, the media has requested permission to cover a particular story. The majority of the media coverage featuring students is considered “human interest” stories that are neither controversial in nature nor contain sensitive subject matter.

It is important to understand this practice applies only to the “human interest” stories mentioned above. In instances where the principal/designee has a concern about maintaining student confidentiality of or the sensitive nature of media related stories, parental permission will be sought prior to allowing the student to participate.

In accordance with the *Family Educational Rights and Privacy Act*, AHCS includes the following in its classification of **directory information**: student name, address; telephone number; date of birth; photographic images of the student being individually recognized or participating in regular classroom or school authorized activities. Participation in officially recognized activities and sports, weight and height of members of athletic teams; degrees and awards received are also considered directory information.

AHCS understands that some parents have concerns about their child being identified by picture and name in the media. **IF you object to having your child participate in media coverage where your child will be identified by both photo and name**, please complete the section below and return it.

AHCS will keep a record of the names of those students whose parent/legal guardian have denied release of all directory information. A separate record will be kept of the names of students who are prohibited from media access. **Please note, your permission will be assumed if AHCS doesn’t have this completed form on file indicating your preference.**

If you have any questions or concerns about this subject, please contact AHCS’s principal/designee. He or she will be happy to discuss the issue and answer any questions you may have.

Please check applicable box:

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | AHCS may use photographs or video that include my child for school-related publications (e.g., newsletters, yearbook, web site) |
| <input type="checkbox"/> | <input type="checkbox"/> | My child may participate in media stories about the school or relating to their achievements. |
| <input type="checkbox"/> | <input type="checkbox"/> | AHCS may release my child’s birthday information to the Parent-Faculty Association. |
| <input type="checkbox"/> | <input type="checkbox"/> | AHCS may release my contact information to the Parent-Faculty Association for the purpose of facilitating their communication with parents about school events. |

 Signature of Parent/Guardian

 Printed Name of Parent/Guardian

 Date

“The advancement and diffusion of knowledge is the only guardian of true liberty.”
 ~James Madison