Parent Request Form to Withhold Information

I DO NOT consent to the publication and/or other disclosure by Rhinebeck Central School District of my child’s information as I have checked below (please check the appropriate box(es)):

☐ Directory Information, including but not limited to, student name, parent name(s), address, telephone number, date and place of birth, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, and most recent educational institution attended.

☐ Photograph

☐ Video

☐ Student Work

☐ Use of contact information in the PTSO Directory

☐ Use of contact information by support organizations affiliated with the RCSD

Unless you have indicated otherwise, the items listed above may be used by the school district in official school activities, in printed materials including newsletters, website, brochures, newspapers, other printed materials, and video productions disseminated by the Rhinebeck Central School District. Any such material shall be for the general purpose of reporting on the educational programs of the Rhinebeck Central School District.

NAME OF STUDENT: _________________________________________________________

NAME OF PARENT: _________________________________________________________

SIGNATURE OF PARENT: ____________________________________________________

DATE: _________________