



Congratulations!

**Your student has been
accepted to
Cab Calloway School of the
Arts.**

REGISTRATION PACKET

**Please read carefully and to
the very end.**

Congratulations on being accepted to Cab Calloway School of the Arts for the 2018-2019 school year!

In order for you to be accepted and enrolled, the registration packet items **must** be returned by March 16, 2018. **Without all the required information, your acceptance will not be processed.** If no response is received from the applicant, the invitation will be considered to have been rejected.

Final acceptance is based upon successful completion of current grade level and promotion into the grade level student was accepted for at CCSA.

Please make sure your student's name and grade is written on each page returned.

**Registration Packet Deadline
March 16, 2018**

**Incomplete Registration Packets will not be
accepted**

Registration Requirements for 7th Grade Incoming Students

| Item | <u>Currently</u> attending Red Clay Public Schools | <u>NOT</u> currently attending Red Clay Public Schools |
|---|--|---|
| Invitation Letter Invitation needs to be accepted online. | X | X |
| Student Data Card | X | X |
| Copy of Birth Certificate | | X |
| Proof of Address – See list of requirements below. | X | X |
| Copy of Current Immunizations This must include a Mantoux PPD skin test or TB risk assessment | | X |
| Seventh Grade Request form Please complete the request form at https://goo.gl/forms/GTcfBCihYs9dtAAs2 | X | X |
| Current Physical Must have been done within the last 12 months and signed and dated by MD. <u>SEE BELOW</u> for Qualifiers | | X |
| Copy of most recent report card | | X |
| Delaware DOE Home Language Survey EVERY blank must be completed | X | X |
| Military Connected Youth Student Information Update Form | X | X |
| Military and Directory Information Opt-out Form (optional) | X | X |
| Media Opt-Put form (optional) | X | X |
| Christiana Care School Based Health Center Registration Form (Optional) http://www.cabcallowayschool.org/wp-content/uploads/2017/10/Wilmington-Registration-form-10-17-17.pdf | X | X |

QUALIFIERS FOR PHYSICAL:

Required: A current Mantoux PPD skin test or TB Risk Assessments must be completed for any incoming student coming from home school, private/charter school or are new Delaware state residents.

Required: If a physical has not been completed in the last 12 months, please make an appointment for one to be done by **August 1, 2018**. Please list the Doctor's name and date and time of the appointment on this line. _____

Please make sure the student's name and grade is listed on each page returned.

| | | | | |
|---------------------|-----------|---------|--------|-------|
| 2018-2019 | District: | School: | | |
| For Office Use Only | | | | |
| Student: | ID: | Gender: | Grade: | HMRM: |



Red Clay Consolidated School District

Student Data Card

For Office Use Only

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| Student Information | |
|---------------------|---|
| 2018-2019 Grade: | |
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Generation: | <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V |
| Nickname: | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birth Date: | |
| Home Phone: | <input type="checkbox"/> Unlisted? |

| Special Custody Information: If child lives with anyone other than mother or father listed on birth certificate please indicate: | |
|--|--|
| Name: | |
| Relationship: | |
| Custodial Papers on file with school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Additional Information | |
|--|--|
| Has the student been expelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have: (documentation required) | |
| IEP (Individualized Education Plan): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 504 Accommodation Plan: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learning Difficulties: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Difficulties: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Race and Ethnicity Designation | |
|---|---|
| Is this student Hispanic or Latino? (Select one answer.) Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected. | |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian <input type="checkbox"/> Select all that apply |

| Name/Address of Previous School, Pre-School or Day Care | |
|---|------|
| Name: | |
| Street/Apt: | |
| City: | |
| State: | Zip: |
| Phone: | |
| Fax: | |

| Please indicate Physical (Home) and Mailing address if they are different. | |
|--|--|
| Physical Address: | |
| Apt #: | |
| Development: | |
| City: | |
| State/Zip: | |
| Mailing Address: | <input type="checkbox"/> Same as Physical? |
| Apt #: | |
| Development: | |
| City: | |
| State/Zip: | |

| School Age Sibling Information | |
|--------------------------------|--------|
| Name: | |
| DOB: | Grade: |
| School: | |
| Name: | |
| DOB: | Grade: |
| School: | |
| Name: | |
| DOB: | Grade: |
| School: | |
| Name: | |
| DOB: | Grade: |
| School: | |

Information Regarding How the Red Clay Consolidated School District Shares Student Information

The Red Clay Consolidated School District recognizes the need to protect student information and privacy while promoting educational and extra-curricular activities in district and outside media. Federal law (FERPA) permits the district to release directory information under limited circumstances. Directory information is information about a student that is generally not considered an invasion of privacy, such as name, address, photograph, activities, and sports. If you wish to opt-out of the district releasing this information or including your child in articles and photos, please visit <http://www.redclayschools.com/forms> or obtain an opt-out form from your child's school office.

Birth Certificate (with raised seal)

A copy of the birth certificate faxed directly to the school by the previous school may be accepted; however, an original must be provided within 30 days of the registration or the child may be withdrawn.

- If the birth certificate does not contain the name of the parent who is registering the child, additional guardianship verification is required.
- A legal document (from the court system) may be accepted with the birth certificate if it states the parent's name, relationship to the child and the child's date of birth.

Proof of Address Requirements

Two Proofs of Residence – Parent, legal guardian or relative caregiver of child being registered is required to provide at least two documents from the lists below. The documents must contain the name and address of the parent, legal guardian or relative caregiver. Addresses must be the same on both documents.

AT LEAST ONE ITEM FROM GROUP A AND ONE ITEM FROM GROUP B MUST BE PROVIDED

Group A

- Copy of the most recent month's mortgage statement

(Copy of home settlement statement may be accepted in lieu of mortgage statement if the home was recently purchased and a mortgage statement has not been received)

- Rental agreement (showing legal parent, legal guardian, or relative caregiver as an occupant)
- Sewer bill (current year)
- Real estate tax receipt (current year)
- A recent original gas or electric bill

Group B

- Current automobile registration card or automobile insurance policy statement
- Rental insurance policy statement
- Most current year's tax documents
- Pay check or pay stub (dated within the past 30 days)
- Two consecutive bank statements (dated within the past 90 days)
- Official US Postal Service change of address notification on returned mail (yellow label with new address should be attached to envelope next to the old address)
- Correspondence from a DE state agency such as DHSS, DSCYF, Department of Labor, and DSS

If living in a residence of another person (not a rental property):

Both parties must complete an Affidavit of Multiple Occupancy. The owner of the property must provide at least one item from Group A and one item from Group B (listed above). The parent of the student being registered must provide at least two items from Group B (listed above).

If living in a rental residence of another person:

Both parties must complete an Affidavit of Multiple Occupancy. The lessee must provide a copy of the current lease agreement and one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are on the leaseholder's lease agreement, they must provide one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are not on the leaseholder's lease agreement they must provide two items from Group B (listed above).

DELAWARE STUDENT HEALTH FORM – CHILDREN

PreK- Grade 6

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) and your health care provider (Parts I, II, and III). All students in Delaware public schools must provide documentation of current immunizations. Additionally, a current (within 2 years) health examination is required upon school entry.

Talk with your health care provider about important issues¹ regarding your child, such as:

- School** (readiness or adaptation, after school, parent-teacher communication, maturity, performance, special services)
- Mental and Physical Activity** (healthy weight, well-balanced diet, physical activity, limited screen time)
- Emotional Well-Being** (family time, social interactions, self-esteem, resolving conflicts, friends)
- Physical Growth & Development** (dental care, healthy eating, puberty)
- Injury & Illness Prevention & Safety** (seat belt or booster seat, bicycle safety, swimming, abuse protection, guns, fire safety, supervision, sunscreen, internet, infection, disaster planning)
- Immunizations**

Immunizations Required for Newly Enrolled Students at Delaware Schools

KINDERGARTEN²:

- DTaP/DTP**: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th dose is required.
- Polio**: 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th dose is required.
- MMR³**: 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.
- Hep B³**: 3 doses.
- Varicella⁴**: 2 doses. The 1st dose should be given on or after the 1st birthday and the 2nd dose after the 4th birthday.

GRADES 1-6:

- DTaP/DTP**: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th dose is required. Students who start the series at age 7 or older only need a total of 3 doses. A booster dose of Td or Tdap is recommended by the Division of Public Health for all students at age 11 or five years after the last DTap, DTP, or DT dose was administered –whichever is later.
- Polio**: 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th dose is required.
- MMR³**: 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.
- Hep B³**: 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may be used.
- Varicella⁴**: 2 doses. The 1st dose must be given on or after the 1st birthday and the 2nd dose after the 4th birthday.

Immunizations Strongly Recommended by the Delaware Division of Public Health

- Influenza (seasonal) vaccine**: each year for all children (6 months and up).
- Tetanus-Diphtheria-Pertussis (Tdap)**: booster at age 11 or five years after the last dose
- Meningococcal (MCV4)**: all children at 11 or 12 years, and a booster does at age 16
- Human papillomavirus vaccine (HPV)**: all girls and boys (ages 11 or 12)
- Pneumococcal vaccine (PCV13)**: children with specific risk factors
- Pneumococcal vaccine (PPSV)**: certain high risk groups
- Hepatitis A**: unvaccinated children who are or will be at increased risk

¹ Clinicians refer to: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3rd ed.) AAP, 2008

² Children who enter school prior to age four shall follow current Delaware Division of Public Health recommendations.

³ Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.

⁴ Varicella disease history must be verified by a health care provider to be exempted from vaccination.

DELAWARE STUDENT HEALTH FORM – ADOLESCENT

Grades 7-12

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) and your health care provider (Parts I, II and III). All students in Delaware public schools must provide documentation of current immunizations. Beginning in August 2016, students entering Grade 9 must have had an adolescent booster dose of Tdap and one dose of meningococcal vaccine. Additionally, a current (within 2 years) health examination is required upon school entry and prior to Grade 9.

Talk with your health care provider about important issues¹ regarding your child, such as:

- Physical Growth and Development** (physical and oral health; body image; healthy eating; physical activity)
- Social and Academic Competence** (connectedness with family, peers, school, and community; interpersonal relationships; school performance)
- Emotional Well-Being** (coping; mood regulation and mental health; self-esteem; sexuality)
- Risk Reduction & Safety** (tobacco; alcohol or other drugs; pregnancy; STIs; infection; disaster planning)
- Violence & Injury Prevention** (safety belt and helmet use; substance abuse and riding in a vehicle; abuse protection; guns; interpersonal violence [fights/dating violence]; bullying)
- Immunizations**

Immunizations Required for Newly Enrolled Students at Delaware Schools

GRADES 7-12:

- DTaP/DTP, Td/Tdap:** Completion of the primary series plus an adolescent booster dose of Tdap administered at age 11-12 or prior to entry into Grade 9.
- Polio:** 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th dose is required.
- MMR²:** 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.
- Hep B²:** 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may be used.
- Varicella³:** 2 doses. The 1st dose must be given on or after the 1st birthday.
- Meningococcal:** 1 dose is required for entry into Grade 9. A second dose is recommended by the Division of Public Health for all adolescents.

Immunizations Strongly Recommended by the Delaware Division of Public Health

- Influenza (seasonal) vaccine:** *each year for all children (6 months and up).*
- Human papillomavirus vaccine (HPV):** all girls and boys (ages 11 or 12)
- Pneumococcal vaccine (PCV13):** children with specific risk factors
- Pneumococcal vaccine (PPSV):** certain high risk groups
- Hepatitis A:** unvaccinated children who are or will be at increased risk

¹Clinicians refer to: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3rd ed.) AAP, 2008

²Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.

³Varicella disease history must be verified by a health care provider to be exempted from vaccination.

⁴A new school enterer is a child entering a Delaware school district for the first time.

DELAWARE SCHOOL PHYSICAL EXAMINATION FORM

To be completed by licensed medical physician, nurse practitioner or physician's assistant.

Name: _____ Sex: _____ DOB: _____

Date: _____ Examiner: _____

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING.
GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- | | | | |
|--------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Emotional | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone/Spine | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |
| <input type="checkbox"/> OTHER _____ | | | |

Comments: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____

Vision: Right _____ Left _____

Hearing: Right _____ Left _____

Lead Screening: Date Completed _____ Results _____

Hematocrit/Hemoglobin: Date Completed _____ Results _____

PPD (Mantoux): Date Placed _____ Date Read _____ Results (in mm) _____

or

TB Risk Assessment: Date Completed _____ Results _____

3. Immunizations – Shaded Vaccines Required

| | | | | |
|---|---|------------------------------------|------------------------------------|---------------------|
| DTP/Hib 1 / / | DTP/Hib 2 / / | DTP/Hib 3 / / | DTP/Hib 4 / / | DTaP/Hib 4 / / |
| DTaP1 / / | DTaP2 / / | DTaP3 / / | DTaP4 / / | DTaP5 / / |
| DT/Td 1 / / | DT/Td 2 / / | DT/Td 3 / / | DT/Td 4 / / | DT/Td 5 / / |
| OPV1 / / | OPV2 / / | OPV3 / / | OPV4 / / | OPV5 / / |
| MMR1 / / | MMR2 / / | HepB1 / / | HepB2 / / | HepB3 / / |
| Hib 1 / / | Hib 2 / / | Hib 3 / / | Hib 4 / / | |
| Hep B 1 (2 dose Version Only) / / | Hep B 2 (2 dose Version Only) / / | Hep B/Hib 1 / / | Hep B/Hib 2 / / | Hep B/Hib 3 / / |
| Varicella 1 / / | Varicella 2 / / | Lyme Vax 1 / / | Lyme Vax 2 / / | Lyme Vax 3 / / |
| Pneumococcal Conjugate 1 / / | Pneumococcal Conjugate 2 / / | Pneumococcal Conjugate 3 / / | Pneumococcal Conjugate 4 / / | |
| Pneumococcal Polysaccharide 1 / / | Pneumococcal Polysaccharide 2 / / | Hep A 1 / / | Hep A 2 / / | |
| Influenza 1 / / | Influenza 2 / / | Other: / / | Other: / / | |

Page 1 of 2

CHILD'S NAME _____

| PHYSICAL EXAMINATION | Check (✓) | | COMMENTS |
|----------------------|-----------|----------|----------|
| | NORMAL | ABNORMAL | |
| General Appearance | | | |
| Head/Scalp | | | |
| Eyes | | | |
| Ears | | | |
| Nose/Throat | | | |
| Mouth/Teeth/Gums | | | |
| Heart | | | |
| Chest/Lungs | | | |
| Skin | | | |
| Abdomen/Hernia | | | |
| Genitalia | | | |
| Neurological | | | |
| Developmental | | | |
| Musculoskeletal | | | |
| Nutrition | | | |

Health Concerns or Special Needs Identified: _____

FOR CHRONIC CONDITIONS:

Please attach care plan, protocols, and/or emergency care plan.

Children with life-threatening conditions need an emergency care plan in place.

Recommendations or Referrals: _____

Examiner's Signature: _____ Date: _____

Printed Name _____ Phone Number: _____

Address: _____



2018 – 2019 MILITARY-CONNECTED YOUTH STUDENT INFORMATION UPDATE FORM

All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are “military-connected youth” pursuant to 14 **DE Admin. Code 932**, 14 **Del.C. Chapter 1, §122 (b)(28)**, 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a “military-connected youth”, please check the fourth box, “Non-Applicable”.

PARENTS OR STEP-PARENTS

“Active Duty” - I am a parent or step-parent who is an **“active duty”** member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action” - A parent or step-parent *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code 932**, 14 **Del.C. Chapter 1, §122 (b)(28)**, 10 U.S.C. §101(d) (2014).

IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action” - An immediate family member, including a sibling or any other person *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code 932**, 14 **Del.C. Chapter 1, §122 (b)(28)**, 10 U.S.C. §101(d) (2014).

NON-APPLICABLE

Student Name: _____

Grade: _____

School Name: _____

Homeroom Teacher Name: _____

Please return this form to your student’s homeroom teacher on or before Monday, September 17, 2018.



RED CLAY CONSOLIDATED SCHOOL DISTRICT

1502 Spruce Avenue
Wilmington, Delaware 19805
Phone: (302) 552-3700

Mervin B. Daugherty, Ed.D.
Superintendent

Red Clay Consolidated School District Military and Directory Information Opt-Out Form 2018-2019

This form provides parents and students the opportunity to opt-out of the release of information to military recruiters and directory information to colleges and other higher education recruiters. If you do not want the Red Clay Consolidated School District to release this information for either of these areas please fill out the form below and return it to your child's school by October 1, 2018. This is OPTIONAL; only return the form if you wish to opt out of one of these areas. This opt-out is only valid for the current school year; a new form must be submitted each year.

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

Student ID: _____

Military Opt-Out (for students in grades 10, 11 or 12 only) :

The federal No Child Left Behind Act requires high schools to provide to military recruiters, upon request, the names, addresses and phone numbers of high school juniors and seniors. If you do not want Red Clay to release this information without your prior written consent, you must sign below and return this form. If you do not sign below we are required to release student information as requested. A list of guidelines on military recruiters' access to information can be found at the following website:
www.ed.gov/offices/OM/fpc0

DO NOT disclose my child's name, address or telephone number to United State military recruiters without my prior consent.

Parent's Signature: _____

Date: _____

Student's Signature (if 18 or older): _____

Date: _____

Colleges & Other Higher Education Opt-Out (for students in grades 10, 11 or 12 only):

The federal No Child Left Behind Act requires high schools to provide colleges and other higher education recruiters, upon request, the names, addresses and phone numbers of high school juniors and seniors. If you do not want Red Clay to release this information without your prior consent, you must sign below and return this form. If you do not sign below, we are required to release student information as requested. A list of guidelines on colleges' access to information can be found at the following website:
www.ed.gov/offices/OM/fpc0

DO NOT disclose my child's name, address or telephone number to colleges & other higher education recruiters without my prior consent.

Parent's Signature: _____

Date: _____

Student's Signature (if 18 or older): _____

Date: _____



RED CLAY CONSOLIDATED SCHOOL DISTRICT

1502 Spruce Avenue
Wilmington, Delaware 19805
Phone: (302) 552-3700

Mervin B. Daugherty, Ed.D.
Superintendent

Red Clay Consolidated School District Media Opt-Out Form 2018-2019

This form provides parents and students the opportunity to opt-out of public media coverage. If you do not want your child to be included in public media coverage please fill out the form below and return it to your child's school office by October 1, 2018 This is OPTIONAL; only return the form if you wish to opt-out of public media coverage of your child. This opt-out is only valid for the current school year; a new form must be submitted each year.

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

Student ID: _____

Media Opt-Out:

From time to time, the Red Clay Consolidated School District receives requests from the media to publicize its educational programs and student activities. In addition, your student's teacher and/or district officials appreciate the opportunity to photograph, quote and videotape our students for use in the district/school newsletter, calendar, website and other promotional or training/education materials.

Unless signed below, the Red Clay Consolidated School District will be authorized to photograph, videotape or film your child, or permit the media to photograph, videotape or interview him or her, use statements, endorsements and/or comments about the programs, services, conditions and personnel associated with my student's experience with the Red Clay Consolidated School District.

*** The Red Clay Consolidated School District has no authority to disallow filming of schools from the street or sidewalk off property.*

I DO NOT give my consent to media coverage identifying my child.

Parent's Signature:

Date:

Student's Signature (if 18 or older):

Date:
