



Belle Chasse High School

8346 Highway 23
Belle Chasse, Louisiana 70037
Phone: (504) 595-6600
Main Office Fax: (504) 393-1182
Counselors' Office Fax: (504) 595-6027

Denis A. Rousselle
Superintendent

Jemi Carlone
Principal

October 25, 2018

Dear Parent/Guardian and Student:

Federal law requires the Plaquemines Parish School Board (PPSB) to provide names, addresses, and telephone numbers of 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, except where the parent or student opts out by notifying the PPSB **in writing** that he/she does not consent to release this information.

While we are committed to protecting the confidentiality of our students, we must comply with the law. Parents/guardians and students who do not want contact information disclosed to military recruiters and/or institutions of higher education **must** fill out the attached form and return it to the school by November 1, 2018. We are required to release contact information to military recruiters and/or institutions of higher education for all 11th and 12th grade students unless the student or parent/guardian returns the attached opt-out form.

Please be aware that you can change your options at any time. If you do not submit the form now, you may still opt out at **any time**. Please advise the school in writing if you change your decision at a later date.

For more information or assistance, please contact BCHS (504) 595-6600.

Thank you.

Sincerely,

Seth Shapard
Assistant Principal

RELEASE OF INFORMATION PARENTAL OPT OUT FORM

Please complete the following if you do **not** consent to the release of your child's information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

Student's Last Name: _____

Student's First Name: _____

Select one: **Belle Chasse High School** Class of 2019 or 2020

I am requesting that my child's name, address, and telephone number **NOT** be shared with: (Please check appropriate box)

_____ Military Recruiters

_____ Institutions of Higher Education

_____ Both Military Recruiters and Institutions of Higher Education

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Return this completed form to the Counselor's Office by November 1, 2018