

Optional Forms

The information below should be completed by those who wish to withhold permission for these activities.

DIRECTORY INFORMATION

Hampden-Wilbraham Regional School District may release student directory information. Such information may include the following: a student's name, address, telephone listing, date and place of birth, major field of study, dates of attendance, weight and height of members of athletic teams, class, participation in officially recognized activities and sports, degrees, honors and awards, and post-high school plans without the consent of the eligible student or parent. Please sign and return this form to the school district if you do NOT want this information to be released. If the signed form is not received by October 1 of the current school year, then the school district will nonetheless presume that the parent, guardian or student him/herself (if over 18 years of age) has read and agrees to have such directory information released.

I hereby notify the Hampden-Wilbraham Regional School District that for the 2017-2018 school year I **WITHHOLD PERMISSION TO RELEASE** the following information on my child:

- Directory information to military recruiters
- Directory information to higher education recruiters
- Directory information to any source
- Publication of an identifiable picture of my child by print, web, or broadcast media

Name of Parent/Guardian (Please Print): _____

Name of Student (Please Print): _____

School: _____ Grade: _____ Homeroom: _____

Parent or Eligible Student Signature: _____ Date: _____

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HUMAN SEXUAL EDUCATION

The Hampden-Wilbraham Regional School District provides a developmentally appropriate curriculum beginning in Grade 5 covering various aspects of growth and development including human sexual education. Parents have the right to exempt their child from lessons covering sexual education issues. All materials are available to parents for inspection and review upon request.

I hereby notify the Hampden-Wilbraham Regional School District that for the 2017-2018 school year I wish to **exempt** my child from human sexual education.

Name of Parent/Guardian (Please Print): _____

Name of Student (Please Print): _____

School: _____ Grade: _____ Homeroom: _____

Parent Signature: _____ Date: _____