



CONSENT FORM

Child's name: _____

Child's date of birth: ___/___/___

School name: _____

Student ID: _____

Privacy of Student Information

Student information is collected and maintained in a manner that provides professional staff with necessary information and also protects the privacy rights of students and families. All reasonable measures are taken to prevent unauthorized access to, or the dissemination of, student information.

Evanston/Skokie School District 65 receives requests from the public and/or governmental entities for student information. The following student information can be released to the public in accordance with the Illinois School Code and the Illinois Schools Student Records Act (ISSRA): *student name, address, gender, grade, date and place of birth, parent/guardian name(s) and address(es), email address(es), phone number(s), information in relation to school sponsored activities and sports, dates of school attendance, and academic awards, degrees, or honors.*

I give my permission for my child's information to be made public, in accordance with the Illinois School Code and ISSRA, without prior consent:

Yes No

Media Release

Evanston/Skokie School District 65 students are sometimes asked to be a part of school and/or district publicity, publications and/or public relations activities. Please indicate approval or denial for your child's name, picture, art, written work, voice, verbal statements, or portraits (video or still) to appear in school publicity or district publications, videos, or on the school's or district's websites. For example, pictures or articles about school activities may appear in local newspapers, television broadcasts, or district publications. These pictures and articles may or may not personally identify a student. Pictures and/or videos may also be used by District 65 in subsequent years.

I release to District 65 my child's name, picture, art, written work, voice, verbal statements, and portraits (video or still) and consent to their use by District 65 as well as local print and broadcast media. Yes No

Release of Information to PTA

PTAs have requested contact information for Evanston/Skokie School District 65 families. Please indicate whether or not the following information may be released: *student name, address, phone number, school, grade, homeroom teacher (PK-5), parent/guardian name(s) and email address(es).*

I authorize the release of this information to the PTA representative at my child's school. Yes No

Instructional Recordings

Evanston/Skokie School District 65 students are sometimes video and/or audio taped as part of classroom instruction or for assessment purposes. Teachers may also use these recordings in professional development activities and may use them in subsequent years for professional development activities.

I give permission to District 65 to use video and/or audio tape recordings of my child for classroom instruction or for assessment purposes.

Yes No

Adult's printed name: _____

Adult's Signature: _____

Today's date: ___/___/___