



TRANSYLVANIA COUNTY SCHOOLS

225 Rosenwald Lane, Brevard NC 28712 | (828) 884-6173 | www.tcsnc.org

Teaching Everyone Takes Everyone

Note: Returning this form to the school is optional

NCLB /FERPA Opt-Out Letter

If you wish to restrict the disclosure of your student's directory information, please check all boxes that apply and return to your child's school.

Federal law requires schools to release a secondary student's name, address, and phone number to military recruiters and institutions of higher education unless the student or his parent requests in writing that such information be withheld. In addition, the *Family Educational Rights and Privacy Act* (FERPA) gives parents (or students, if 18 years of age or older) the authority to prohibit schools from disclosing any or all directory information by providing notification in writing.

Please consider this letter notice of the following:

As parent/legal guardian of a student who is less than 18 years of age and in high school, I hereby exercise my right to request that you do not disclose the name, address or telephone number of my son/daughter to:

Military recruiters

Institutions of higher education

As a student 18 years of age or older and in high school, I hereby exercise my right to request that you do not disclose my name, address or telephone number to:

Military recruiters

Institutions of higher education

As parent/legal guardian of a student less than 18 years of age, I hereby exercise my right under FERPA to request that you do not disclose any directory information for my son/daughter, except: [List directory information or purposes that you do permit, if any].

As a student 18 years of age or older, I hereby exercise my right under FERPA to request that you do not disclose any of my directory information except: [List directory information or purposes that you do permit, if any].

Student Name: _____ Grade: _____
(Please Print)

Name of School: _____ Grade: _____
(Please Print)

Signature of Parent/Legal Guardian Date

Signature of Student (if 18 years of age or older) Date

It is the policy of the Transylvania County Schools not to discriminate on the basis of race, color, national origin, sex, religion, age, disability, genetic information or veteran status in its educational programs, activities or employment policies.

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TITLE I PROGRAM TEACHER AND ASSISTANT QUALIFICATIONS FORM

All elementary schools (grades K-5) in this District receive federal funding through Title I. These funds are used to provide supplemental instruction to students who are in need of assistance in the area of reading and, on occasion, in the area of mathematics. Our goal is to provide early intervention to struggling learners.

Federal guidelines require that school districts provide a process by which parents may request the qualifications of their child’s teacher, insuring that the teacher meets Highly Qualified standards. As a parent of a student in a Title I school (ELEMENTARY SCHOOL ONLY), you have the right to know the following information:

1. Whether the teacher has met state qualifications for the grade levels and subject areas in which the teacher provides instruction;
2. Whether the teacher is teaching under emergency or other provisional status through which state qualifications have been waived;
3. The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree; and,
4. Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information in letter format at your home address and/or email address, please complete this form. Return the form to your child’s teacher and the information will be mailed or emailed to you. If you have additional questions, please contact the school’s principal.

Please print all information

| School | Teacher and/or Assistant’s Name | Grade |
|--------|---------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name of person requesting information _____

Student’s Name _____

Mailing Address _____
Street City Zip

Telephone number _____ Email Address _____

CUT ALONG DOTTED LINE (form optional)

