



**PARENTAL RELEASE OF PUPIL INFORMATION**

I, \_\_\_\_\_, as parent/guardian of the below listed child hereby consent to the release of the following information.

- 1. **"Directory data"** means those pupil records which include the pupil's name, address, telephone listing, date and place of birth, major field of student, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently attended by pupil.
- 2. **"Progress records"** means those pupil records which include the pupil's grade, progress reports, report cards, a statement of the courses the pupil has taken, the pupils attendance record, class ranking, the pupil's immunization records and records of the pupil's school extracurricular activities.

I hereby grant that the above information can be released to the Youth Enrichment Services (Y.E.S.) Office, including all Y.E.S. staff located in my child's schools. This information is used for determining services, monitoring student progress, and statistical purposes as it pertains to federal grant requirements and to obtain federal and Oneida Nation funding for this program.

- 3. A copy of the student's current IEP if the student is receiving Special Education Services.
- 4. I understand the Y.E.S. Program and the Higher Education Program work together under the umbrella of the Tribe's Education and Training Department. I agree to allow the Y.E.S. Program to share my child's contact information with the Higher Education Office. \_\_\_\_\_ YES \_\_\_\_\_NO
- 5. Furthermore, I understand Y.E.S. may collaborate with other programs within the Oneida Nation. I give my permission for Y.E.S. to share information with these other programs. \_\_\_\_\_ YES \_\_\_\_\_NO
- 6. Signing this form indicates permission to use pictures for marketing (event displays, community newspapers/newsletters, etc.)
- 7. I do not want Y.E.S. to share information with: \_\_\_\_\_.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Birthday**

\_\_\_\_\_  
(Please Print)

Student's Gender    Female                      Male

Please check here if you are declining services. In the future, if you wish to receive services from the Oneida Nation Y.E.S. Program you will need to contact the Y.E.S. Office at (920) 869-4331. At that time, a new set of paperwork will be send to you for completion