



BIBB COUNTY SCHOOL DISTRICT

STUDENT OPT-OUT FORM

(ANNUAL SUBMISSION REQUIRED TO RENEW OPT-OUT)

STUDENT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name	Preferred Name
Grade	Gender	Birth Date	Current School

As indicated in our student Online Registration and corresponding Annual Update, the Bibb County School District will:

- Share student directory information in accordance with FERPA
- Provide students in 2nd grade and beyond with a 1-1 device that can be taken home

If this form is not completed, it will be considered that you are allowing the school to adhere to the above agreements. **THE GUARDIAN MUST SIGN AND SUBMIT THIS FORM TO THE ASSISTANT SUPERINTENDENT OF STUDENT AFFAIRS OF EXCEPTIONS BY THE DATE SPECIFIED IN THE BIBB COUNTY SCHOOL DISTRICT'S MOST CURRENT STUDENT HANDBOOK/CODE OF CONDUCT.**

Completion of this form advises the Bibb County School District of your choice to opt-out of one or more of the above agreements.

IF YOU DO NOT WANT YOUR CHILD'S DIRECTORY INFORMATION SHARED, PLEASE SIGN BELOW. Note that this will also restrict the district from utilizing your child's name, image, voice, likeness or creative work in publications.

I do not allow district staff to share my child's directory information. I do not allow district staff and/or news-gathering organizations to interview, record, photograph, videotape or use my child's likeness and name in publicity or news-gathering purposes. I do not want my child's name, image, voice or likeness appear in any form of media communication (annual/yearbook, Internet, photography, publishing, recording or videotaping) generated by the Bibb County School District or news-gathering organizations (news media). Additionally, I do not wish for my child to participate in any Bibb County School District approved media or publicity interviews or discussions that may be used for promotional or news-gathering purposes unless I direct otherwise. I do not allow district staff and/or news-gathering organizations to display my child's creative work for publicity or news-gathering purposes.

Signature of Parent/Legal Guardian Date

IF YOU DO NOT WANT YOUR CHILD TO BE ALLOWED TO TAKE HOME THEIR 1-1 DEVICE TO USE FOR SCHOOLWORK AT HOME, PLEASE SIGN BELOW.

I do not allow my child to take home their district-assigned 1-1 device to use at home for schoolwork.

Signature of Parent/Legal Guardian Date

Submit this completed document to the Office of Student Affairs by mailing to 484 Mulberry Street, Macon, GA, 31201.

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