



# *Ziper High School*

**Registration is NOT COMPLETE until  
all required documents are  
submitted.**

REQUIRED SIGNATURE PAGES	REQUIRED DOCUMENTATION
<p><b>Acknowledgement</b> <b>Reassignment Contract</b> <i>(if applicable)</i> <b>Media Release Form</b> <b>FERPA</b></p>	<p><b>Parent ID</b> <b>2 Proof of Address</b> <i>(at least 1 Static Bill: FPL, Internet, Water)</i> <b>Transcript and IEP</b> <i>(if applicable)</i> <b>Any/ all Affidavits</b> <i>(shared housing or guardianship)</i> <b>Immunizations</b> <i>(must be on a FL 680 Form provided by a Doctor/ Clinic)</i></p>

**Signature pages will be printed at the school. Required documents must be submitted in person.**

***Once all fillable areas are completed, click the Bengal Tiger on the very last page to submit registration!***

Student #:	School/ Teacher:	Date:	Grade Level:	Entry Code:
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# Student Registration Form

Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

<b>Student's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Middle Name</b>	<b>Affirmed Name</b>
<b>Student's Primary Home Address</b>			<b>Apt #</b>	<b>City</b>	<b>Zip Code</b>
					<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Phone #</b>		<b>Student's Cell Phone #</b>		<b>Student's E-mail Address</b>	
<b>SSN</b> <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		<b>Date Student First Entered School in USA</b>	<b>Date of Birth</b>	<b>Birthplace (City/State/Country)</b>	
<b>Student Lives With</b>		<b>Ethnicity</b>		<b>Race (Check all that apply)</b>	
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____					
<b>Registering Parent's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Driver License #</b>	<b>Relationship to Student</b>
<b>Registering Parent's Work Phone #</b>		<b>Registering Parent's Cell Phone #</b>		<b>Registering Parent's E-mail Address</b>	
<b>Non-Registering Parent's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Driver License #</b>	<b>Relationship to Student</b>
<b>Non-Registering Parent's Work Phone #</b>		<b>Non-Registering Parent's Cell Phone #</b>		<b>Non-Registering Parent's E-mail Address</b>	
<b>Non-Registering Parent's Home Address</b>			<b>Apt #</b>	<b>City</b>	<b>State</b>
					<b>Zip Code</b>
<b>Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?		

**The student's primary residence is: (Check only one)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>owned</b> by the parent/guardian.                               | <input type="checkbox"/> <b>shared</b> with someone by choice ( <u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency. |
| <input type="checkbox"/> <b>rented</b> with a valid lease agreement. Expiration Date: _____ | <input type="checkbox"/> <b>shared</b> with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)        |

**Is the student's primary residence a:**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Transitional/emergency shelter?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?                      |

**Does the student live or is either parent employed:**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | In low rent housing (such as Section 8 subsidized housing)?                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | On Indian Lands?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | On federal property, a federally owned military installation, or NASA owned property? |

**Is either parent:**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Employed in agriculture or fishing industries anytime in the past three years?   |

**Has the student previously been:**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Broward County Public School?       | <input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program?           | <input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan?                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program?                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Magnet program?                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in the Juvenile Justice System?        | <input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care?                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services?            | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program?                    |

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

**Print Registering Parent Name**

**Registering Parent Signature**

**Date**

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# Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> <i>Medical</i>
<i>School #:</i>	<input type="checkbox"/> <i>Court Order</i>
<i>Student #:</i>	<input type="checkbox"/> <i>Special Needs</i>
<i>Date Enrolled:</i>	<input type="checkbox"/> <i>Other</i>

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:	First:	Middle:
		Teacher (elementary school only):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
		Home Address:	City, State, Zip:	Home Phone:
		Mailing Address (If different from above):	City, State, Zip:	Student Cell Phone:
		Date of Birth:        /        /	Student lives with:	Student Email:
		Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other	Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school
Student Identification Number:	Registering Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
	Other Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
Student:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. <b>NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW.</b> In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	
Student:	Non-Registering Parent Authorized Release/Contact	This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

# Broward County Public Schools Student Emergency Contact Card

Student Last Name:

First:

Middle:

<b>Medication Information</b>	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.	
	Medication:		Dosage:	
<b>Health Insurance and Providers</b>	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None			
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:			
	Physician:		Phone:	
	Dentist:		Phone:	
Health Plan/Group name:		Phone:		
<b>Medical Information</b>	Medical Conditions <input type="checkbox"/> Asthma. If checked, uses inhaler?		Please check all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication	
	<input type="checkbox"/> Seizures. If checked, on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Movement limitations (specify):			
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe):			
	<input type="checkbox"/> Severe Allergies. If checked, specify Type: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/Drugs:		Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other:	
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Release of Medical Information and Emergency Treatment</b>	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.			
	Parent Signature: _____		Date: _____	
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.			
<b>Dismissal Information</b>	<b>Regular Dismissals Procedures.</b> On a typical day, how will your child leave school?			
	<input type="checkbox"/> Ride in Car		<input type="checkbox"/> Ride School Bus	
	<input type="checkbox"/> Attend ON-site after-care program		<input type="checkbox"/> Attend OFF-site after-care program	
<b>Emergency Dismissals Procedures.</b> In the event of a severe storm or other unscheduled emergency your child is instructed to:				
<input type="checkbox"/> Walk home		<input type="checkbox"/> Ride School Bus as usual		
<input type="checkbox"/> Ride home with parent only		<input type="checkbox"/> Ride home with person indicated on authorized contact list		
<b>Siblings and Home Language</b>	Last Name:		First Name:	
Please list any other languages spoken at home:				
<b>Survey Questions</b>	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:			
	Does your child have access to a computer in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have home internet access?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child have access to the internet on your home computer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have internet access outside your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/backtoschool>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <http://www.Broward.k12.fl.us/sbbcpolicies>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

**Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.**

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Student Name (PRINT)

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Student Signature

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Parent/Guardian Name (PRINT)

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Parent/Guardian Signature

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Date

# Media Release Form 2020/2021 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic media as indicated below.

## You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

## Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1.  I **WILL** permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.
2.  I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the news media.

## Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1.  I **WILL** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests). **Note: Student's name, student's home address, student/parent phone number, grade level, student identification number, teacher's name and room number may be released in order to facilitate school-based publications. Athletic team member's team position and jersey number may be disclosed during sporting events.**
2.  I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

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

\_\_\_\_\_  
Date

# FERPA Opt-Out Notification Form 2020/2021 School Year (All Grades)

**ATTENTION!** Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form.

For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

## PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to FERPA, SBBC may disclose, in its discretion, directory information of a student in any grade level, if the parent or student age 18 or over did not "opt out" of the disclosure. SBBC reserves the right to release the Directory Information only:

- (a) to colleges, universities or other institutes of higher education in which the student is enrolled, may seek enrollment or may be recruited;
- (b) for athletic events, school publications, instructional materials and other school communication tools (including, but not limited to, yearbooks, athletic programs, graduation programs, recruitment brochures, theatrical programs, school and District websites, social media, and postings and displays throughout the school facility);
- (c) to Broward County health officials for purposes of communicating with parents to address conditions of public health importance as determined by Florida Department of Health (64D-3, F.A.C.), including information to meet or to prepare for a potential or confirmed health threat; and/or
- (d) to class reunion committees (and the like) for purposes of class reunion activities.

## TYPES OF DIRECTORY INFORMATION

Parents/guardians of students in any grade level, or eligible students (those over the age of 18, emancipated, or attending a postsecondary institution), may opt out of having any or all of the following types of directory information disclosed by indicating, with a check mark (✓), those items NOT TO BE DISCLOSED:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Student's Name       | <input type="checkbox"/> Parent's Name   | <input type="checkbox"/> Residential Address                        |
| <input type="checkbox"/> Telephone Number(s)  | <input type="checkbox"/> Date of Birth   | <input type="checkbox"/> Place of Birth                             |
| <input type="checkbox"/> Major Field of Study | <input type="checkbox"/> School-Sponsored Activities and Sports                      | <input type="checkbox"/> Height and Weight of Athletic Team Members |
| <input type="checkbox"/> School Grade Level   | <input type="checkbox"/> Dates of School Attendance                                  | <input type="checkbox"/> Jersey Number and Team Position            |
| <input type="checkbox"/> Degrees & Awards*    | <input type="checkbox"/> Name of the Most Recent/Previous School or Program Attended | <input type="checkbox"/> Room Number                                |

\*Degrees and awards include exemplary work (including artwork), recognitions of all types, and graduation status (i.e., a list of graduating students), and exclude Grade Point Average (GPA).

**Note: This form must be completed and submitted to the school on an annual basis, regardless of whether any of the above items were checked or not, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.**

Student Name \_\_\_\_\_ School Piper High School

Parent/Guardian/Eligible Student's Name (Print) \_\_\_\_\_

Parent/Guardian/Eligible Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Regarding former students, SBBC shall continue to honor any valid request to opt out of the disclosure of directory information made while a student was in attendance, unless the former student rescinds the opt out request (34 CFR 99.37(b)).**

For parents in selected occupations:

*Note: Pursuant to Florida Statute 119.071, for individuals in certain occupations (as well as their spouses and children), selected personal information is confidential and exempt from public disclosure, only if the individual submits a written request for the exemption. If you are employed in a qualifying occupation and wish to request that your, your spouse's and your child's personal information remain confidential, please schedule an appointment with your child's school in order to complete the Parental Request for Exemption of Personal Information for Selected Occupations form.*