

# Oakland School District 1

Code: **JOA**  
Adopted: 12/13/06  
Revised/Readopted: 6/20/12; 4/10/13  
Orig. Code(s): JOA

## **Directory Information\*\***

Directory information means those items of personally identifiable information contained in a student education record, which is not generally considered harmful, or an invasion of privacy if released. The following categories are designated as directory information. The following directory information may be released to the public through appropriate procedures:

1. Student's name;
2. Student's address;
3. Student's photograph;
4. Major field of study;
5. Participation in officially recognized sports and activities;
6. Weight and height of athletic team members;
7. Dates of attendance;
8. Degrees or awards received;
9. Most recent previous school or program attended;
10. Student's telephone listing;
11. Student electronic address;
12. Date and place of birth.

### **Public Notice**

The district shall post and will give annual public notice to students, parents of students in attendance and students 18 years of age or emancipated. The notice shall identify the types of information considered to be directory information, the district's option to release such information and the requirement that the district must, by law, release secondary students' names and addresses to military recruiters and/or institutions of higher education, unless parents or eligible students request the district withhold this information. Such notice will be given prior to release of directory information.

## Exclusions

Exclusions from any or all directory categories named as directory information or release of information to military recruiters and/or institutions of higher education must be submitted in writing to the principal by the parent, student 18 years of age or emancipated student within 15 days of annual public notice. A parent or student 18 years of age or an emancipated student, may not opt out of directory information to prevent the district from disclosing or requiring a student to disclose their name or from requiring a student to disclose a student ID card or badge that exhibits information that has been properly designated directory information by the district in this policy.

Directory information shall be released only with administrative direction.

Directory information considered by the district to be detrimental will not be released.

Information will not be given over the telephone except in health and safety emergencies.

At no point will a student's Social Security Number or student identification number be considered directory information.

END OF POLICY

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### Legal Reference(s):

[ORS 30.864](#)  
[ORS 107.154](#)  
[ORS 326.565](#)

[ORS 326.575](#)  
[ORS 336.187](#)

[OAR 581-021-0220 to -0430](#)  
[OAR 581-022-1660](#)

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§ 1400 - 1427 (2006).

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2011); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2011).

No Child Left Behind Act of 2001, 20 U.S.C. § 7908 (2006).

### Cross Reference(s):

IGBAB/JO - Education Records/Records of Students with Disabilities

JO/IGBAB - Education Records/Records of Students with Disabilities

JOD - Media Access to Students

Oakland High School  
OAKLAND SCHOOL DISTRICT  
PO Box 479  
Oakland, Oregon 97462

### Student Enrollment

FOR OFFICE USE ONLY Student ID Number _____ Entry Date _____ Entry Code _____
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Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex  M  F  
Last First MI

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
MM/DD/YY City / State

Street Address \_\_\_\_\_  
City State Zip

Mailing Address (if different from street address) \_\_\_\_\_  
City State Zip

Email Address (optional) \_\_\_\_\_

Programs (check all that apply) Resource Room  Title 1  Physical Handicap  Gifted/Talented  Speech

Person Student Lives With \_\_\_\_\_  Parent  Legal Guardian  Other \_\_\_\_\_  
Last First

Employer of Parent/Guardian \_\_\_\_\_ Business Phone \_\_\_\_\_

1. Emergency Contact Other Than Parents \_\_\_\_\_ Phone \_\_\_\_\_  
(Someone who could be reached to pick up your child if you were unavailable.)

2. Local Contact Other Than Parents \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Hospital \_\_\_\_\_

Please list all allergies, health problems, medications \_\_\_\_\_

OHS Office Staff may administer IBUPROFEN to my child as part of First Aide.  Yes  No

Other Children In Family:

Name	DOB	Grade	Sex	Name	DOB	Grade	Sex
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Optional: Ethnic Origin (please mark only one) White <input type="checkbox"/> AK Native <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Spanish (hispanic) <input type="checkbox"/> First language learned _____ Language other than English Spoken at Home _____
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Previous School Attended:

School Name \_\_\_\_\_ School Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip

You may request that the district withhold the release of your child's Directory Information to public agencies as per Board Policy JOA. The form to note any exclusion is attached for your consideration.

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

