PROTECTION OF PUPIL RIGHTS AMENDMENT – SUPPORTING FORMS

Protection of Pupil Rights Amendment – Consent for Specific Activities
(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

On ______________________ at __________________________ there will be a survey, analysis, or evaluation, and __________________________ you consent is required so that your child(ren) may participate. This activity consists of:

Description:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please sign below to indicate your consent for your child(ren)’s participation and return this form to your Principal/designee by ______________________________.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME) SCHOOL GRADE
_________________________ ____________________ _______
_________________________ ____________________ _______
________________________________________

Parent Signature Date

Legal Reference:

20 U.S.C.§ 1232h; 34 CFR Part 98, Protection of Pupil Rights Amendment
Opt-Out For Specific Activities
(For activities not funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

On ________________________ at __________________________ there will be a protected information survey conducted.

Name of School/Site _____________________________________________________

This activity consists of: _____________________________________________________

________________________________________________________________________

If you do not want your child(ren) to participate, please sign below and return the form to your Principal/designee by _____________________________.

Five (5) days before activity or as directed

OPTIONAL: You may also opt out of the activity by calling or e-mailing your Principal no later than _____________________________ at _______________________ or _____________________________.

Five (5) days before activity or as directed Phone

As the parent/guardian, I do not want my child(ren), as noted below, to participate in the activity designated above and, by signing and returning this form, indicate my decision to opt them out of the activity.

STUDENT (PRINT NAME)            SCHOOL                                       GRADE
_______________________           ____________________                 _______
_______________________           ____________________                 _______

____________________________________          ________________________
Parent Signature  Date

Legal Reference:
20 U.S.C.§ 1232h; 34 CFR Part 98, Protection of Pupil Rights Amendment