

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: ILD-R

PROTECTION OF PUPIL RIGHTS AMENDMENT – SUPPORTING FORMS

PROTECTION OF PUPIL RIGHTS AMENDMENT – CONSENT FOR SPECIFIC ACTIVITIES

(For activities not funded in whole or in part by United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district’s “Notification of Protection of Pupil Rights Amendment” (PPRA). On _____(date) at

_____ (Name of School/Site) there will be a survey, analysis, or evaluation and your consent is required so that your child(ren) may participate. This activity consists of:

Description: _____

Please sign below in the event that you consent to your child(ren)’s participation and return this form to your Principal/designee by _____.

(Five (5) days before activity or as directed)

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You may review a survey and/or instructional materials before the survey is administered to a student.

As a 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

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: ILD-R

OPT-OUT FOR SPECIFIC ACTIVITIES

(For activities not funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district’s “Notification of Protection of Pupil Rights Amendment” (PPRA). On _____(date) at

_____(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 emailing your Principal no later than _____(date) at _____(phone number) _____(email address).

If you do not indicate your decision to opt- out by the date set forth above, the student will be permitted to participate in the activity. If you wish to review any survey instruments or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As a 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 _____