

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 _____ at
Date

_____ 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

e-mail 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 instrument 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 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