PROTECTION OF PUPIL RIGHTS AMENDMENT – SUPPORTING FORMS

<u>Protection of Pupil Rights Amendment – Consent for Specific Activities</u>

Legal Reference:

Parent Signature

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, Date there will be a protected information survey conducted. This activity consists of: _____ If you do not want your child(ren) to participate, please sign below and return the form to OPTIONAL: You may also opt out of the activity by calling or e-mailing your Principal no later than _____ at ____ or ____ or _____ Five (5) days before activity or as directed Phone e-mail address 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**

Legal Reference:

Parent Signature

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Date