

**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 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 survey, analysis, or evaluation, and

*Name of School/Site*

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 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 give my consent for my child(ren), as noted below, to participate in

the activity designated above.

STUDENT (PRINT NAME)  
GRADE

SCHOOL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parent Signature*

*Date*

**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)  
GRADE

SCHOOL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Parent Signature*

*Date*