RAYMOND SCHOOL DISTRICT POLICY – ILD-R

PROTECTION OF PUPIL RIGHTS AMENDMENT – SUPPORTING FORMS

Proposed new policy represents NHSBA Model Policy in its entirety.

<u>Protection of Pupil Rights Amendment – </u>

Consent/Opt-In For Specific Activities

•	(For activities no	t funded in	whole or in	nart by the	United States	Department of	f Education)
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Dear Parent/Guardian,		
For your convenience you wi "Notification of Protection(Date) at	of Pupil Rights A	Amendment" (PPRA). On
be a survey, analysis, or evaluchild(ren) may participate. This	ation, and your con	
Description:		
Please sign below in the event		your child(ren)'s participation _(Five (5) days before activity o
•	mcipal/designee by_	_(Pive (3) days before activity b
as directed)	sion to consent/opt-in to participate in the r instructional mater keting survey, pleas notified of the time an w a survey and/or ins	by the date set forth above, the activity. If you would like to ial used in connection with any se submit a request to you nd place where you may review
as directed) If you do not indicate your decis student will not be permitted to review any survey instrument of protected information or mar Principal/designee. You will be a these materials. You may review	sion to consent/opt-in to participate in the r instructional mater keting survey, pleas notified of the time and a survey and/or instent.	by the date set forth above, the activity. If you would like to ial used in connection with any se submit a request to yournd place where you may review structional materials before the
If you do not indicate your decis student will not be permitted to review any survey instrument of protected information or mar Principal/designee. You will be a these materials. You may review survey is administered to a student As the parent/guardian, I give	sion to consent/opt-in to participate in the r instructional mater keting survey, pleas notified of the time and a survey and/or instent.	by the date set forth above, the activity. If you would like to ial used in connection with any se submit a request to you not place where you may review structional materials before the
If you do not indicate your decis student will not be permitted to review any survey instrument of protected information or mar Principal/designee. You will be a these materials. You may review survey is administered to a student As the parent/guardian, I give participate in the activity design	sion to consent/opt-in to participate in the r instructional mater keting survey, pleas notified of the time as w a survey and/or instent. my consent for my tated above.	by the date set forth above, the activity. If you would like to ial used in connection with an see submit a request to yound place where you may review tructional materials before the child(ren), as noted below, to

Date

Parent Signature

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). (Date) at (Name of school/site) there will be a protected information survey conducted. This activity consists of: **Description:** 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** __ Five (5) days before activity or as directed)____at ____(Phone)_____ **or** ____(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 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**

Proposed New Policy Second Reading: January 3, 2018