

**Protection of Pupil Rights Amendment (PPRA)**  
**Scheduled Activities and Surveys**  
**School Year: \_\_\_\_\_**

Dear Parent or Guardian:

We want to keep you informed about activities and surveys scheduled for the coming school year. There are two types of activities:

- activities requiring the district to obtain your prior written permission for your child to participate; and
- activities for which the district must give you an opportunity to have your child not participate.

The following are activities scheduled at this time. For surveys and activities scheduled after the school year begins, you will receive notice and the right to opt your child out of such activities and surveys.

**1. Surveys or Activities Requiring Parent Permission:** *(Your child cannot participate unless you give your permission)*

Name of Survey or Activity: \_\_\_\_\_

Summary of Information Collected:

Date: On or about: \_\_\_\_\_ (mm/dd/yyyy) Grades: \_\_\_\_\_

Name of Survey or Activity: \_\_\_\_\_

Summary of Information Collected:

Date: On or about: \_\_\_\_\_ (mm/dd/yyyy) Grades: \_\_\_\_\_

Name of Survey or Activity: \_\_\_\_\_

Summary of Information Collected:

Date: On or about: \_\_\_\_\_ (mm/dd/yyyy) Grades: \_\_\_\_\_

**2. Surveys or Activities with refusal Provision:** *(Your child will participate unless you opt-out your child and notify us.)*

Name of Survey or Activity: \_\_\_\_\_

Summary of Information Collected:

Date: On or about: \_\_\_\_\_ (mm/dd/yyyy) Grades: \_\_\_\_\_

Name of Survey or Activity: \_\_\_\_\_

Summary of Information Collected:

Date: On or about: \_\_\_\_\_ (mm/dd/yyyy) Grades: \_\_\_\_\_

Name of Survey or Activity: \_\_\_\_\_

Summary of Information Collected:

Date: On or about: \_\_\_\_\_ (mm/dd/yyyy) Grades: \_\_\_\_\_

Please Respond  
in English

English  
Protection of Pupil Rights Amendment  
(PPRA) Scheduled Activities and Surveys

**Parent Consent or Refusal Response  
Student Participation in Scheduled Activities or Surveys**

Dear Parent or Guardian:

Please complete, sign and return this form by \_\_\_\_\_ (mm/dd/yyyy). Please refer to the attached list of “Protection of Pupil Rights Amendment (PPRA), Scheduled Activities and Surveys” when completing this form.

If you have any questions regarding these activities or your rights, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete one form per child and return it to:

1. Surveys or Activities Requiring Parent Permission:

I give my permission to the school district to allow my child to participate in the following activities or surveys scheduled for this school year:

Name of Activity or Survey(s): \_\_\_\_\_  
\_\_\_\_\_

2. Surveys or Activities with Refusal Provision:

I do not give my permission to the school district to allow my child to participate in the following activities or surveys scheduled for this school year:

Name of Activity or Survey(s): \_\_\_\_\_  
\_\_\_\_\_

***Parent or Guardian or Adult Student: Please complete a separate form for each child and return the entire form to the address listed above.***

I understand my rights regarding the district’s conduct of surveys, collection and use of student information for marketing purposes, and certain physical exams. I also understand that there may be additional activities and surveys other than those included in this form and that I will receive notice prior to my child’s participation.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Name of Parent or Guardian or Adult Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_