

**PROTECTION OF PUPIL 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 materials before the survey is administered to a student, you may review a survey and/or instructional materials before the survey is administered to a student. You will be notified by the Principal/designee (SuP) at least five (5) days 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)                      SCHOOL                      GRADE

\_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

