

**WRITTEN CONSENT FOR STUDENT TO SUBMIT TO OR PARTICIPATE IN
A SURVEY, ANALYSIS, OR EVALUATION**

NAME OF STUDENT _____

ADDRESS _____

GRADE/SCHOOL YEAR _____

STUDENT'S DATE OF BIRTH _____

PARENT'S/GUARDIAN'S NAME _____

PARENT'S/GUARDIAN'S ADDRESS _____

The enclosed Survey Analysis Evaluation is not directly related to academic instruction and contains questions in the following areas:

- the political affiliations or beliefs of the student or his/her parent/guardian
- mental or psychological problems of the student or his/her family
- sex behavior or attitudes
- illegal, anti-social, self-incriminating, or demeaning behavior
- critical appraisals of other individuals with whom respondents have close, family relationships
- legally-recognized privileged and analogous relationships, such as those with lawyers, physicians, or ministers
- religious practices, affiliations or beliefs of the student or his/her parent/guardian
- income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such a program)

I consent I do not consent to the participation of my child

Signature

Date