



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

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: No activites listed under FERPA guidelines are planned at this time.

Summary of Information Collected:

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

Name of Survey or Activity: _____

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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: No activites listed under FERPA guidelines are planned at this time.

Summary of Information Collected:

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

Name of Survey or Activity: _____

Summary of Information Collected:

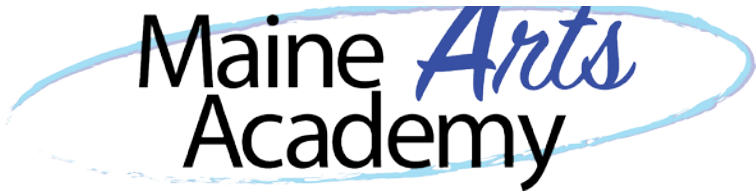
Date: On or about: _____ (mm/dd/yyyy) Grades: _____

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 anytime _____ (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: Heather King, Head of School Phone: 207- 618-8908

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: _____