

PARENTAL NOTICE AND CONSENT FORM

I, _____, acknowledge that I have been notified in writing
(name of parent or guardian)
of _____ **and/or the Davis School District's intention to**
(name of school)
administer _____ **to my child and of my rights**
(name of test, treatment, survey, analysis or evaluation)
under federal and state law to examine such test, treatment, survey, analysis or evaluation and
to grant consent or object to my child's participation therein.

Based on this notice, I do the following:

1. **G** **I GRANT CONSENT for my child to participate and waive the 2-week notice period to obtain more information before my child participate.**

I understand that my consent will remain valid until the beginning of the next school year or unless I submit a written withdrawal or consent to my school principal prior to that time, which I may do at any time.

2. **G** **I GRANT CONSENT for my child to participate, but would like the opportunity to obtain more information within the 2-week notice period.**

I understand that my consent will remain valid until the beginning of next school year or unless I submit a written withdrawal or consent to my school principal prior to that time, which I may do at any time.

3. **G** **I DO NOT grant consent for my child to participate. I understand that in denying consent, alternative educational opportunities may be provided for my child.**

Child name _____

Parent Signature _____

Date _____