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**RICHFIELD PUBLIC SCHOOLS**  
**ADMINISTRATIVE GUIDELINES**  
**STUDENT SURVEYS OPT OUT FORM**

**Student Opt-Out Form**

If you DO NOT WANT your child to participate in the \_\_\_\_\_ survey, please  
sign this form and return it to school office by \_\_\_\_\_

\_\_\_\_\_ I would prefer that my child NOT participate in the survey:

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do not return this form if your child will be taking the survey.