



Protected Information Student Survey Consent Form

Name of Student: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

Grade: _____ Date of Birth: _____

In accordance with NC Session Law 2023-106 (Senate Bill 49 – Parents’ Bill of Rights), please review the attached survey and indicate your consent or non-consent to your child’s participation below:

Option A – Consent for Student to Participate in the Attached Survey:

By acknowledging my preference and affixing my signature below, I DO consent and authorize my child to participate in the attached survey.

Signature of Parent

Date

Option B – Non-Consent for Student to Participate in the Attached Survey:

By acknowledging my preference and affixing my signature below, I DO NOT consent for my child to participate in the attached survey.

Signature of Parent

Date