

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 the school office by _____

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

School Name: _____

Student Name: _____ Student Grade: _____

Parent/Guardian Signature:

Date: _____

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