

Waterville Central School District

SUPERINTENDENT'S REGULATION

STUDENTS

7501.1

STUDENT PRIVACY - PPRA OPT-OUT LETTER

Date: _____

Dear Parent or Eligible Student:

The *Protection of Pupil Rights Amendment (PPRA)* requires the Waterville Central School District to notify you and obtain consent or allow you to opt your child out of participating in the following school activities:

1. Certain Protected Information Surveys: Any student survey, analysis or evaluation that is required by the District and concerns one or more of the following eight protected areas:
 - A. Political affiliations or beliefs of the student or student's parent;
 - B. Mental or psychological problems of the student or student's family;
 - C. Sex behavior or attitudes;
 - D. Illegal, anti-social, self-incriminating, or demeaning behavior;
 - E. Critical appraisals of others with whom respondents have close family relationships;
 - F. Legally recognized privileged relationships, such as with lawyers, doctors or ministers;
 - G. Religious practices, affiliations, or beliefs of the student or parents; or
 - H. Income, other than as required by law to determine program eligibility.
2. Certain Marketing Surveys: In general, surveys that are used to disclose or collect individually identifiable information from students for the purpose of marketing or selling the collected information. Certain exceptions to this definition exist.
3. Certain Non-Emergency Invasive Physical Examinations and Screenings: Certain statutorily specified non-emergency invasive physical examinations or screenings.

The following schedule lists the activities that require parental notice and consent or opt-out for the upcoming school year. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 or older or is an emancipated minor under State law):

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(Sample Protected Information Survey Notice)

- Date: On or about October 15, 20__.
- Grades: Five and Six
- Activity: ABC Survey of At-Risk Behaviors
- Summary: This is an anonymous survey that asks students questions about behaviors such as drug and alcohol use, sexual conduct, violence and other at-risk behaviors. The survey also asks questions of a demographic nature concerning family make-up, the relationship between parents and children, and use of alcohol and drugs at home.
- Consent: **(Use the following consent language only if the protected information survey is funded in whole or in part by US Department of Education):** A parent must sign and return the attached consent form no later than (insert date) so that your child may participate in this survey.
- Opt-Out: **(Use the following opt-out language only if the protected information survey is not funded in whole or in part by the US Department of Education):** Contact (specify a school official) at (telephone number, email, address, etc.) no later than (insert date) if you do not want your child to participate in this activity.
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(Sample Invasive Physical Exam Or Screening Notice)

- Date: November 22 - 24, 20__.
- Grades: One through Six
- Activity: Flu Shots
- Summary: The County Department of Public Health Services will administer flu shots for influenza types A and B.
- Opt-Out: Contact (specify a school official) at (telephone number, email, address, etc.) no later than (insert date) if you do not want your child to participate in this activity.
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(Sample Survey That Collects Only Directory Information)

- Date: 20__ – 20__ School Year.
- Grades: Nine through Twelve
- Activity: Student-Based Commercial Services
- Summary: The District collects, or allows businesses to collect, use, and disclose personal information on students, including names, addresses and telephone listings. These businesses provide student-based products and services, such as computer equipment, sports clothing, school jewelry, and entertainment products.

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Opt-Out: Contact (specify a school official) at (telephone number, email, address, etc.) no later than (insert date) if you do not want your child to participate in this activity.

Note to schools: This information (names, addresses, and telephone listings) may be designated and disclosed as “directory information” under the Family Educational Rights and Privacy Act (*FERPA*). Instead of using this model notice format, schools may meet PPRA notice requirements for specific marketing activities that involve only designated “directory information” by allowing parents to opt out of “directory information” disclosure at the start of each school year, which should include all marketing activities).

(Sample Survey That Collects More Than Directory Information)

Date: 20__ – 20__ School Year.

Grades: Nine through Twelve

Activity: Student-Based Commercial Services

Summary: The District collects, or allows businesses to collect, use, and disclose personal information on students, including names, addresses, telephone listings and social security numbers. These businesses provide student-based products and services, such as computer equipment, sports clothing, school jewelry, and entertainment products.

Consent: A parent must sign and return the attached consent form no later than (insert date) so that your child may participate in this survey

Note to schools: While some of the information – names, addresses, and telephone listings may be designated and disclosed as “directory information” under the Family Educational Rights and Privacy Act (*FERPA*), schools that permit marketing activities that involve the collection, use, and disclosure of the students’ social security numbers may not use an opt-out procedure and must obtain prior written consent in accordance with Section 99.30 of the *FERPA* regulations.)

Request To Review Certain Surveys Or Instructional Materials

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to (District Official) at (District Address). (District Official) will notify you of the time and place where you may review these materials. You have the right to review a survey and /or instructional materials before the survey is administered to a student.

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Consent Form

I _____ (parent's name) give my consent for _____ (student's name) to take the _____ (specify the name and date of the activity).

Date: _____

(Parent's signature)

Please return this form no later than (insert date) to the following school official:

Name: _____

Address: _____

Telephone: _____

Approved by the Superintendent: 06/13/17

Adopted: 07/08/03

Revised: 06/13/17