



Insert Date

Dear Parents,

As part of _____ we plan to administer the _____ student survey to gather information to help us maximize the learning environment in our schools!. This data will be kept anonymous and used to plan for students and school needs.

We plan to administer the _____ student survey on _____. In compliance with HB2537, you can review the questions to determine if you would allow your student to participate on our district website ([link here](#)). If you have any questions, feel free to contact us at school. Please sign and return the lower part of this form as verification that you have received this notice.

Sincerely,
(names)
School

Please sign and return

I have received the opt-in letter for my student to complete the _____ student survey on _____. I understand it is optional and if not participating my child will be provided with an alternative activity.

Child's Name: _____

Parent's Signature: _____

Date: _____ Phone: _____

Email Address: _____