

OurSCHOOL SURVEY
Notice of Non-Consent

Please return this form to the school by April 21st, 2017 **only if you do not** want your child to take part in the OurSCHOOL Survey for students.

I/We _____(Parents/Guardians)
Print full name: First Name, Last Name

_____ Do **not** want my child to take part in the *OurSCHOOL Survey for students.*

Name of Student

Signature of Parent/Guardian

Date