

## STUDENT SURVEY OPT-OUT FORM

Date:				
Activity:				
Summary:				
To opt-out: I am opting-out my student from participation in the student survey as detailed above.  PLEASE PRINT				
Name of Student:				
Student ID	(if known):			Grade:
School:				
Parent/Guardian Name:				
Parent/Guardian Signature:				

Submit completed form to communications@spps.org