

## PPRA Notice and Consent/Opt-Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires the Wood-Ridge School District to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

Following is a schedule of activities requiring parental notice and consent or opt-out for the upcoming school year. This list is not exhaustive and, for surveys and activities scheduled after the school year starts, the Wood-Ridge School District will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

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### \* EXAMPLES \*

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*Date:* On or about October 30, 2012

*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* A parent must sign and return the attached consent form no later than [*insert return date*] so that your child may participate in this survey.

*Opt-out* Contact school principal at [*insert school name, 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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*Date:* November 27 - 29, 2012

*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 school principal at [*insert school name, telephone number, email, address, etc.*] no later than [*insert date*] if you do not want your child to participate in this activity.

*Date:* 2012-2013 School Year  
*Grades:* Nine through Twelve  
*Activity:* Student-Based Commercial Services  
*Summary:* [School] 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.  
*Opt-out:* Contact school principal at [insert school name, 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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*Consent:* A parent must sign and return the attached consent form no later than [insert return date] so that your child may participate in this activity.

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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 the school principal. The school principal 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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I [parent's name] give my consent for [child's name] to take the ABC Survey of At-Risk Behaviors on or about November 8, 2012.

\_\_\_\_\_  
Parent's signature

Please return this form no later than [insert date] to the following school official: [Provide name and mailing address.]