

Haywood County Schools

Teachers and administrators at (school name) have been asked to administer the attached survey to students in our school. If you agree with your child's participation in the survey, please sign this form and return it to your child's teacher. Completion of the survey is voluntary and students may only complete the survey with written permission from their parent/guardian. If you have any questions about the survey, please contact (principal name) at (school phone number).

Student Name: (please print) \_\_\_\_\_

Grade: \_\_\_\_\_

I give permission for my child to complete the attached survey.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_