

2009 Fairfax Youth Survey OPT-OUT FORM

Complete this form **only** if you **do not** wish your child to participate in the survey. Return it to your child's school counseling office no later than October 23, 2009.

I do not give permission for my child to participate in the confidential *2009 Fairfax Youth Survey*. I understand that my child will be assigned to an alternative activity during the administration of the survey.

Student's Name (please print): _____

Student's School (please print): _____ Grade: _____

Signature of Parent or Guardian: _____

If you **do not** wish your child to participate in the survey, please return
NO LATER THAN October 23, 2009, to:

Your Child's School Counseling Office