

Fulton County School System

Safe and Drug-Free Schools/Communities Program

Parental Consent Form

In order to provide the most effective drug and violence prevention resources for your child, Fulton County Safe and Drug-Free Schools/Communities Program (SDFS) collects survey information from students at various grade levels throughout the year. These surveys usually takes approximately 15-30 minutes to complete, are **totally anonymous**, and asks for responses related to student involvement in substance abuse and violent situations.

The data collected from these surveys are used to identify critical areas of need for our Safe and Drug-Free Schools and Communities Program efforts. Survey analysis of these data provides information/data that:

- Meets the No Child Left Behind Title IV mandated data collection requirements
- Assists in the maintenance of a school environment that is free of drugs and violence
- Promotes a classroom atmosphere that allows teachers to teach and students to learn
- Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences

Without your child's participation, our chances of improving our programs, services, or qualifying for additional federal funding will be tremendously decreased. Consequently, we need your child's participation! Please complete the bottom portion of this form and return the entire form to your child's school immediately. **If you want to "opt out" your child from participating in the survey sample, you must check NO, sign and return the form to your school before October 1, 2006.** However, if you **do not** return the form "*opting out*" your child from survey participation, he/she could be randomly selected to complete a survey.

You are welcome to view a sample of these surveys by coming by the SDFS office at the Jo Wells Education Center, 554 Parkway Drive - Hapeville, Georgia 30354. Please call (404) 763-5600 ext.130 if you would like to schedule an appointment.

Please provide your response in the blank space provided.

Student: _____ School: _____ Grade: _____

Please place an X in the blank that best indicates your response to the statement below.

I give permission for my child to participate in the following survey(s):

_____ Yes _____ No **Fulton County Schools Survey (GDOE Comprehensive Student Survey)**

Parent/Guardian Signature

Date

Thank you for your participation in this important activity.