Parent/Guardian Permission Form

(Researchers – please fill in all required information pertinent to your proposed research in the gray boxes below and submit as part of your research application)

My signature below indicates that I have read the information provided and have decided to allow my child to participate in the study titled “please fill in name of research project here” to be conducted at my child’s school between the dates of DD/MM/YEAR and DD/MM/Year.

I understand the purpose of the research project will be (describe the purpose) and that my child will participate in the following manner: (list what the student will be asked to do in the numbered list below)

1. 
2. 
3. 

I understand that the following data pertaining to my child will be requested/collected: (List what data will be requested/inspected/collected for participants in the numbered list below.)

1. 
2. 
3. 

Potential benefits of the study are: (List what the potential benefits are in the numbered list below.)

1. 
2. 
3.
I agree to the following conditions with the understanding that I can withdraw my child from the study at any time should I choose to discontinue participation.

- The identity of participants will be protected. (Describe how you will protect the identity of participants.)

- Information gathered during the course of the project will become part of the data analysis and may contribute to published research reports and presentations.

- Participation in the study is voluntary and will not affect either student grades or placement decisions (or if staff is involved, will not affect employment status or annual evaluations.) If I decide to withdraw permission after the study begins, I will notify the school of my decision in writing.

If further information is needed regarding the research study, I can contact [provide contact information, including phone numbers and addresses]. If I wish to review any instrument or instructional material used in connection with any protected information or marketing survey, I may submit a request to the school principal. The school principal will notify me of the time and place where I may review these materials. I have the right to review a survey and/or instructional materials before the survey is administered to my student.

This also serves as assurance that the Fulton County School District complies with requirements of the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA) and will ensure that these requirements are followed in the conduct of this research. The District provides parents/guardians information regarding rights under FERPA and PPRA annually in the Code of Conduct & Discipline Handbook. Additional information regarding compliance of research studies with FERPA and PPRA may be found in District Policy/Procedure ICC – Educational Research. By signing this letter you are disclosing you are aware of those rights.

Signature

______________________________  ________________________________
Parent/Guardian/Eligible Student Over 18          Date