

2009-2010 Kansas Communities That Care Student Survey

Date: _____/_____/_____

I have read the informational letter regarding this statewide survey for students in the 6th, 8th, 10th and 12th grades and do NOT want my child to participate this year because:

Students Name(s) _____

Please Print

Parent Printed Name

Parent Signature

Please return this slip on or before November 30th only if you do NOT want your child to participate.