Student Surveys, Analyses, and Evaluations
PARENT/GUARDIAN REQUIRED FORM

Last Name

First Name

Student ID

School

Grade

Date

The Protection of Pupil Rights Amendment (PPRA) and other relevant Arizona laws afford parents and students who are 18 or emancipated minors ("eligible students") certain rights regarding the Phoenix Union High School District (PXU)'s conducting of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

Consent before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey"):

1. Political affiliations, opinions or beliefs of the student or student's parent;
2. Mental health history or mental health information;
3. Sexual behavior or attitudes;
4. Illegal, anti-social, or self-incriminating behavior;
5. Critical appraisals of others with whom the pupil has a close family relationship;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents;
8. Income or other financial information, other than as required by law to determine program eligibility;
9. Gun or ammunition ownership;
10. Voting history;
11. Self-sufficiency as it pertains to emergency, disaster and essential services interruption planning;
12. Pupil biometric information;
13. Medical history or medical information; or
14. The quality of home interpersonal relationships.

Receive notice and an opportunity to opt a student out of:

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

Inspect, upon request and before administration or use:

1. Protected information surveys of students;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.
PXU has adopted policies, in consultation with parents, regarding these rights as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. PXU will directly notify parents and eligible students of these policies at least annually at the start of each school year and after any substantive changes. In accordance with A.R.S. § 15-117, PXU will obtain written informed consent from the parent of a pupil before administering any survey that is retained by PXU and that solicits personal information regarding any protected areas. PXU will also directly notify parents and eligible students, such as through U.S. mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution;
- Administration of any protected information survey not funded in whole or in part by the U.S. Department of Education; and
- Any non-emergency, invasive physical examination or screening as described above.

Parents/eligible students who believe their rights have been violated may file a complaint with the Arizona Attorney General's Office, the Maricopa County Attorney's Office or the Family Policy Compliance Office. Parent or Guardian – Please only choose one of the options listed below:

☐ I AGREE to allow my student to participate in all PXU-approved student surveys, analyses, and evaluations:

Parent/Guardian Name (please print)  Signature of Parent/Guardian  Date

☐ I DO NOT AGREE to allow my student to participate in any PXU-approved student survey, analysis, or evaluation:

Parent/Guardian Name (please print)  Signature of Parent/Guardian  Date