

SCHOOL DISTRICT OF MAYVILLE

333-Exhibit(2)

STUDENT SURVEY OPT OUT FORM

Student's Name _____

To be Completed by Parent/Guardian

Parent/Guardian: _____

Date of Request: _____

Address: _____

Telephone: _____

City: _____

State: _____ Zip: _____

Received by: _____

Date Received: _____

Position/Title: _____

Building: _____

As per School District of Mayville policy, I/we request that my/our child does not participate in the student survey.

Parent/Guardian Signature

Parent/Guardian Signature

APPROVED BY THE BOARD: August 2007

ADOPTED BY THE BOARD: September 2007