

The School District of Philadelphia
Materials Needed for Registration

Age Eligibility - a child must be five (5) years of age on or before September 1. There are no exceptions to this eligibility cutoff date.

- Page 1: Checklist
- Page 2: Registration Form - EH-40 (Doubled Sided Document)
- Page 3: Parental Registration Statement
- Page 4: Student Medical Information (Doubled Sided Document)
- Page 5: Request for Administration of Medication
- Page 6: Report of Physical Examination
- Page 7: FERPA Directory Opt-Out Form
- Page 8-9: FERPA Related Documents (Parent Copies)

Use this checklist to prepare the required documents necessary for registration

- Proof of Childs Age
 - Birth Certificate, Baptismal Certificate, or Valid Passport
 - Other (Information including any official documentation containg students age):
- Immunization Records (Philadelphia Immunization Requirements)
- Proof of Residency - Supporting Documents (choose 2 from the following list)
 - Deed
 - Valid DOT identification card
 - Mortgage settlement sheet
 - Current credit card bill
 - Current utility bill (gas, electric, cable, telephone)
 - Recent vehicle registration
 - Recent property tax bill
 - Voter Registration Card showing current address
 - Valid driver's license or change of address card with your current address
 - Recent bank statement with current address
 - Letter from Social Security Office with current address
 - IRS Statement or other wage and tax statements e.g., W2, 1040, 1099
 - Letter from Public Assistance Office with current address
 - Recent Employer Pay Stub showing current address
 - Fostercare/childcare and DHS letters are acceptable for registration when a student is in the care of a foster/child care agency
 - Shelter placement or residency letters are acceptable for homeless students
 - Original lease with name(s) of parents/legal guardians and children
 - Signed property sales agreement, followed by original copy of settlement papers within 45 calendar days of settlement
- Parent / Guardian Picture Identification (requested and not required for enrollment)
- If applicable, bring your child's previous school information: name, address and phone number of school

For Additional Questions, please contact the Office of Student Enrollment and Placement at 215-400-4290



SCHOOL DISTRICT OF PHILADELPHIA
 APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)
 PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Please Print All

STUDENT INFORMATION - Section 1

Last Name		First Name	M.I.	Date of Birth			STUDENT ID NUMBER
				MONTH	DAY	YEAR	
House No.	Dir	Street Name		St. Ave. Etc	Apt#	Zip Code	

Race Designation: Are you Hispanic Yes or No Gender: Male/ Female
 White Black/African American Hispanic/Latino American Indian/Alaska Native
 Asian Multiracial/Other* Native Hawaiian/Other Pacific Islander
 *If you select Multiracial/Other, you MUST select the races that apply.

Country of Birth: _____
 Student Primary Language _____
 Date child first enrolled into a U.S. School _____

HOUSEHOLD INFORMATION - Section 2

Student Resides With:
 Both Parents (same address) Mother Father Stepparent Guardian / Other

Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ Address: _____ Phone: _____ (Home) (Cell) (Work) E-Mail: _____	Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ <input type="checkbox"/> Please check this box if the address is the same Address: _____ Phone: _____ (Home) (Cell) (Work) E-Mail: _____
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Please indicate this Guardian's Primary Language: _____

SIBLING INFORMATION - Section 3

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

CONTACT INFORMATION - Section 4

*** Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

Primary
 1) Name _____ Relationship _____
 Phone (1) _____ Phone (2) _____

Secondary
 2) Name _____ Relationship _____
 Phone (1) _____ Phone (2) _____

SCHOOL DISTRICT OF PHILADELPHIA
 APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)
 PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

STUDENT EDUCATION HISTORY - Section 5, Complete this section if the child has ever attended school

Indicate city and type of school child last attended
 Philadelphia Other City: _____ Public School Non Public School

Date Last Attended	Grade Last Attended	Name of School	Address	City	State

If the student attended school outside of the United States, do you have his/her school records?
 Yes No
 If yes, please provide a copy for the school.
 If no, please contact the school to obtain the records.

Did the Child ever attend: Pre-Kindergarten and/or Kindergarten

1) Has the child ever received Special Education Services in PA or another state? Yes No If yes, which state: _____

2) Does your child have a current IEP? Yes No

3) Does your child have a current evaluation report? Yes No If yes, what _____

4) Was the child ever enrolled in an Early Intervention Program? Yes No

5) Has the child ever received ESOL/Bilingual services? Yes No If yes, which state: _____

6) Does your child have a 504 Yes No

7) Does your child have a Gifted IEP? Yes No

LANGUAGE SURVEY - Section 6

	English	Other	Language
1) What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language does the child speak to her / his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) What other languages does the child speak? 1) _____ 2) _____ 3) _____			

* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

 Parent / Guardian Signature

 Date

Parental Registration Statement*
SCHOOL DISTRICT OF PHILADELPHIA

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Please complete the following:

I hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is /is not (circle one) presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional)

(Signature of Parent or Guardian)

(Date)

Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student’s disciplinary record.

* Translated versions of this document are available at: www.philasd.org/offices/translation.

THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION

This form is to be used for new students and capturing annual updates.

Last Name:	First Name	Date of Birth	Date:
Name of School:		Room/Section:	Grade:

Dear Parent/Guardian:

Pennsylvania law requires that all children must have a complete checkup when entering school for the first time and again in middle and high school.

The school nurse can help you with information regarding health insurance. There are free and low-cost insurance plans for which your family may qualify. Please take the attached form to your doctor or clinic when you take your child for this checkup and return the completed form to the school nurse by _____

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

STUDENT'S MEDICAL HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN

1. Does your child have health insurance? __ Yes __ No Company? _____
2. Where do you take your child for checkups? _____
Address: _____
Phone: _____ Fax: _____
3. Date of child's last physical examination? _____
4. Where do you take your child for dental care? _____
Address: _____
Phone: _____ Fax: _____
5. Date of child's last dental examination? _____

**THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION**

6. Does your child take any medicine now? __Yes __ No If yes, list below:

Medicine:	Dosage:	Frequency:	Reason:

7. Does your child have any allergies? __Yes __ No If yes, to what? _____

8. Does your child have any activity restrictions? __Yes __ No If yes, explain? _____

9. Does your child have any existing Health Conditions? __Yes __ No If yes, list below:

10. Does your child receive treatment/therapy or undergo any testing procedures? __Yes __ No
If yes, please indicate kind and how often taken: _____

11. Check this box if you do not want Acetaminophen (Tylenol) dispensed to your child, as needed:

12. Check this box if you do not want Ibuprofen (Motrin) dispensed to your child, as needed:

Important Note: SDP may dispense Acetaminophen or Ibuprofen to your child if you do not opt-out.

PLEASE CHECK ANY PROBLEM YOUR CHILD HAS/HAS HAD

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dental | <input type="checkbox"/> Hospitalized
(Surgery) | <input type="checkbox"/> Premature Birth
(Under 5lbs) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Problem | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Behavior/Emotional | <input type="checkbox"/> Eczema | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Muscle/Bone/Joint | <input type="checkbox"/> Urinating/Kidney
Problem |
| <input type="checkbox"/> Chicken Pox at
age: _____ | <input type="checkbox"/> Heart | <input type="checkbox"/> Physical Disability | |
| | <input type="checkbox"/> High Blood Pressure | | |

Additional Comments: _____

SCHOOL HEALTH SERVICES

REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/ZIP		ROOM/BOOK NO.
DATE OF BIRTH	SCHOOL/ORG.#	REGIONAL OFFICE	PID	
DIAGNOSIS:				
REASON MEDICATION MUST BE GIVEN IN SCHOOL:				
NAME OF MEDICATION/EQUIPMENT/TREATMENT:			DOSE:	
TIME(S) TO BE GIVEN IN SCHOOL:		TOTAL DOSAGE PER 24 HRS:		
DATE BEGIN:		DATE END:		
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:				
CONTRAINDICATIONS:				
SIDE EFFECTS:				
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:				
IS ANY RESTRICTION ON ACTIVITY NECESSARY:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES, DESCRIBE:				
IS STUDENT TAKING ANY OTHER MEDICATION?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES, NAME OF MEDICATIONS:				
IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS			TELEPHONE	
ADDRESS			EMERGENCY NUMBER	
SIGNATURE OF HEALTH CARE PROVIDER			DATE SIGNED	

To The Principal

- I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.
- Medication is to be administered by the Certified School Nurse. In the absence of the Certified School Nurse, it may be administered by the Principal or his/her designees.
Certified School Nurse will provide instruction for administration of medication or use of equipment to the Principal or his/her designees.
- My child may self-administer medication/equipment as determined appropriate by the school nurse.
- I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply, as needed, regarding this medication/equipment and/or my child's response.

PARENT SIGNATURE _____ TELEPHONE NUMBER _____

DATE SIGNED _____ EMERGENCY NUMBER _____

IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE

- I have assessed this student and he/she has demonstrated competency and may self administer this medication/treatment () yes () no
- The administration of this medication/treatment was approved on: _____ DATE

SIGNATURE OF SCHOOL NURSE _____

TELEPHONE NUMBER OF SCHOOL NURSE _____

TO THE PHYSICIAN:

Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child's family at home, and such equipment/machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

(IF YOUR PATIENT'S MEDICATION OR TREATMENT SCHEDULE CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE - A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT).

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child's parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

DEAR PARENT/GUARDIAN:

Some children need the administration of medication or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by seeing the school nurse or principal. When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or the manufacturer, you and your health care provider will be required to submit additional written information to the School Nurse prior to approval. Once the request has been approved by the School Nurse, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone#
- Prescription Number
- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

For special equipment, services in school will be provided only if you have such equipment in your home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, you will be asked to bring the equipment to school and to demonstrate its use to selected school staff. Operating instructions must accompany the equipment. This procedure must be repeated each school year and/or each time there is a change in dosage. Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded. If you have any questions on this procedure, please contact the school nurse or school principal.

Thank you .

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Date Issued: [Date]	Student ID#:
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Name of Student:	Date of Birth:	Grade:
Name of School:	Room/Section/Book	

TO THE PARENT/GUARDIAN:
I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.
 Parent/Guardian Signature _____ Date _____

TO THE CARE PROVIDER (Please complete all items)
 Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

RECORD OF VACCINE ADMINISTRATION
(Please attach complete immunization record including serology results if available)

Allergies _____
 Date of last PPD _____ Result _____ mm

Does this student have health insurance? Yes No Name of Insurance Provider: _____

RECORD THE FOLLOWING

1. Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____

2. Audiometric Screening: R _____ L _____ 3. BP _____

4. Height _____ inches/cm Weight _____ lb./kg BMI percentile _____

5. Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral

6. Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity
 (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)
 Specify Restrictions: _____

7. List all medications currently being taken:
 Medications: _____ Reason: _____

8. List ALL problems by history or examination: Circle status of problem

1.	_____	Under Care	Care Complete	Referred
2.	_____	Under Care	Care Complete	Referred
3.	_____	Under Care	Care Complete	Referred
_____ No Problems Identified				

Comments/follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
	Fax	
Address	Date of Exam	

The School District of Philadelphia
Office of Student Rights & Responsibilities
440 N. Broad Street, Second Floor
Philadelphia, PA 19130

Rachel Holzman, Esquire
Deputy Chief

Release of Directory Information Opt-Out Form

The School District of Philadelphia may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary in accordance with District procedures.

Directory information includes the following: name, address, phone number, date and place of birth; field of study; participation in recognized activities and sports; height/weight, if member of athletic team; dates of attendance; degrees, awards, photographs, rosters; previous school(s) attended; and primary language.

The primary purpose of directory information is to allow The School District of Philadelphia to include this type of information from your child’s education records in certain school publications, including: a playbill, showing your student’s role in a drama production; school newsletters, the annual yearbook; honor roll or other recognition lists; graduation programs; and sports activity sheets, such as for basketball, showing weight and height of team members.

This information may also be made available to qualified outside organizations upon request. Qualified outside organizations include, but are not limited to, scholarship providers, trade/technical schools, and potential employers. In recognition of a family’s right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child’s school by **within ten (10) days of your enrollment**. Once this form is completed and returned to the school, your choice will not change until you complete and submit a new form. Use a separate form for each child. **Only return this form if you do NOT want directory information released.**

I DO NOT want directory information to be released and request ONE of the following:

Do not release my student’s directory information at any time. No information for school publications, school activities, trade schools, scholarship providers or employers.

Do not release my student’s directory information at any time, except for school publications, school activities and to qualified outside organizations.

Do not release my student’s directory information at any time, except for school publications and school activities.

Do not release my student’s directory information to military recruiters (11th and 12th grade only)

I do not permit my child to take any surveys that concern one or more of the areas listed on the PPRA notice

Student Name (Please Print)

Name of School (Please Print)

Student ID#

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Student Signature (if 18 years or older)

Parent Copy
Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the **School District of Philadelphia** with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child’s education records. However, the School District may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child’s education records in certain school publications. Examples include:

- A playbill, showing your student’s role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student’s information disclosed without their prior written consent.¹

If you do not want the School District to disclose directory information from your child’s education records without your prior written consent, you must notify the District in writing within ten (10) days after enrollment. The school District has designated the following information as directory information:

-Student’s name
-Address
-Telephone listing
- Primary language
-Photograph
-Date and place of birth
-Major field of study
-Dates of attendance
-Grade level

**-Participation in officially
recognized activities and sports**
-Weight and height if members of athletic team
-Degrees, honors, and awards received
**-The most recent educational agency or
institution attended**
**-Student ID number, user ID, or other unique
personal identifier used to communicate in
electronic systems that cannot be used to access
education records without a PIN, password, etc. (A
student’s SSN, in whole or in part, cannot be used for
this purpose.)**

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).

Parent Copy
PPRA Notice and Consent/Opt-Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires **The School District** to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

The School District will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)