BROOKS COUNTY
MIDDLE SCHOOL

2171 Moultrie Hwy
Quitman, GA 31643

229-588-2342
7:30am-3:30pm (Mon. to Fri.)

brooks.k12.ga.us/o/middleschool

GEORGIA STUDENT WELLNESS SURVEY (Grades 6-12)

PASSIVE PARENTAL PERMISSION FORM

The Georgia Student Wellness-Health Survey is an anonymous, statewide survey instrument that was designed to collect data on student wellness during the current school year. The Student Wellness Survey contains 33 questions and covers various topics such as school climate and safety, bullying, alcohol and drug use and mental health. All student survey data is anonymous and self-reported.

The Protection of Pupil Rights Amendment (PPRA) gives you the right to opt your child out of participating in the survey. If you **DO NOT** wish for your child to participate in the Student Wellness Survey, please sign and return this form to the school by

Wednesday, February 21, 2024. You may also email our School Counselor, Ms. Miller, at tara.miller@brooks.k12.ga.us if you do **NOT** want your child to participate in the survey.

DO NOT return this form if your child can participate in this survey.

Please sign this form and return it to school by **Wednesday, Feb 21, 2024**

if you DO NOT wish for your child to participate**.**

I would prefer that my child NOT participate in the Student Wellness Survey**.**

SCHOOL___BCMS_____

_____

STUDENT _____**GRADE** _____

Parent/Guardian Signature _____
Date_____

Thank you for your participation.