



CARSON MIDDLE SCHOOL

1140 W. KING ST. CARSON CITY NV 89703

OPT OUT SOCIAL EMOTIONAL LEARNING SURVEY

As the parent/legal guardian of the child named below, I respectfully and formally request that my child **NOT** participate in the Social Emotional Learning Survey.

Childs Name: _____ Grade Level: _____

School Name: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____