



## Nationally Consistent Collection of Data

### Parent / Guardian Non Participation Form

I confirm that I have read and understand the attached information about the National Collection of Data on Disability and/or have been informed of the nature of this project by my child's school.

I **DO NOT** want my child's information included in this process.

Student's name (please print)	
School	
Parent/Guardian name (please print)	
Parent/Guardian signature	
Date	