



1045 Kirby Hollow Rd, Dorset, VT 05251  
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# Youth Risk Behavior Survey Opt-Out Form

**Please complete this form only if you DO NOT want your child to participate in the survey.** The form must be returned to Meghan Karhan by Sept. 30 for grades 8-12 and Oct. 4 for grades 6 & 7.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and know what the survey is about.

NO, my child may **not** take part in the 2021 Vermont YRBS.

Parent or Guardian's name: \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_