Parental Notification Form

for the Kentucky Incentives for Prevention (KIP)

Please return this for to the school coordinator

*ONLY* if you *DO NOT* give permission by Tuesday, October 11, 2016

Anderson County High School

Clay Birdwhistell, Youth Service Center Director

Clay.birdwhistell@anderson.kyschools.us

502-839-5118

I **DO NOT** give permission for my child to participate in the KIP Survey.

(Please print clearly.)

Parent’s Name

Child’s Name

Child’s School

Grade *(circle one)*: 6 8 10 12

Parent’s Signature Date

Child’s Signature *(optional)* Date