

MAUREEN KNOWLTON  
PRINCIPAL



PHONE: 508-376-7014  
FAX: 508-376-7020  
EMAIL: [mknowlton@millisps.org](mailto:mknowlton@millisps.org)

**Millis Middle School**  
**245 Plain Street**  
**Millis, MA 02054**

October 24, 2018

Dear Parent or Guardian,

To make sure we give the best possible education and services to children in Millis, we want to learn about their attitudes and behaviors with regard to a variety of health issues. In order to accomplish this, students at Millis Middle School are being asked to participate in a survey called the *MetroWest Adolescent Health Survey*. The questions of the survey cover many topics including alcohol, tobacco and other drug use; violence and safety; nutrition and physical activity; online behaviors; mental health; and protective factors. This project will help our district develop and enhance its health education and prevention services. We will be giving this survey to students in grades 6-8 on November 9, 2018.

The survey is **anonymous**, meaning your child will not put his or her name on the survey and no one will know what they write. There will be no identifying information on any of the surveys.

Completing this survey is **voluntary**. Your child's grades in school will not be affected by whether or not s/he participates. Your child can also decide not to take the survey or skip any question s/he doesn't wish to answer.

The *Protection of Pupil Rights Amendment* is a Federal Law that requires us to notify you ahead of time about the survey, and give you the chance to look at it, so you can let us know if you don't want your child to take part. If you want to see the survey before deciding, a copy will be available at Millis Middle School main office from November 1-8, 2018.

If you DO NOT want your child to take part in the survey, please complete the form below and have your child return it to his or her school by November 8, 2018.

If you have any questions, please feel free to contact Derek Phinney at 508-376-7000 or [dphinney@millisschools.org](mailto:dphinney@millisschools.org).

Sincerely,

Maureen Knowlton  
Principal

*Small School, Big Family*

The Millis Public Schools does not discriminate on the basis of race, color, sex, age, gender identity, religion, national origin, sexual orientation, disability or homelessness.

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Child's Name (Please print): \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

**I DO NOT allow my child to participate in the 2018 MetroWest Adolescent Health Survey.**

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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