



Gainesville City Schools
508 Oak Street
Gainesville, GA 30501

Sample Parental Consent Form

My signature below indicates that I have read the information provided and have decided to allow my child to participate in the study titled (name of research project) to be conducted at my child’s school between the dates of _____ and _____. I understand that the signature of the principal and classroom teacher indicates they have agreed to participate in this research project.

I understand the purpose of the research project will be (description of purpose) and that my child will participate in the following manner (list what the student will be asked to do):

- 1.
- 2.
- 3.

Potential benefits of the study are (list)

I agree to the following conditions with the understanding that I can withdraw my child from the study at any time should I choose to discontinue participation.

- The identity of participants will be protected (describe how you will protect the identity of the participants).
- Information gathered during the course of the project will become part of the data analysis and may contribute to published research reports and presentations.
- There are no foreseeable inconveniences or risks involved to my child participating in the study.
- Participation in the study is voluntary and will not affect either student grades or placement decisions. If I decide to withdraw permission after the study begins, I will notify the school of my decision.

If further information is needed regarding the research study, I can contact (provide researchers contact information including phone numbers and addresses).

Signature _____
Parent

_____ Date

Signature _____
Principal

_____ Date

Signature _____
Classroom Teacher

_____ Date