

Hamburg School District

30 Linwood Avenue Hamburg, New Jersey 07419 Ph. 973.827.7570 Fax 973.827.3624 www.HamburgSchool.com

Mrs. Kimberly Sigman
Chief School Administrator

Mr. William Sabo
Interim Business Administrator

Mr. RJ Baumgartner

Vice Principal

December 14, 2021

Dear Parent or Guardian:

As we continue our health and safety education efforts at Hamburg School, we will be conducting an anonymous student survey, in collaboration with Center for Prevention & Counseling, for students in grades 6th to 12^{th} on their attitudes and behaviors regarding school climate, bullying, violence, alcohol and drug use. The survey information will assist us in making informed decisions by providing us with the data we need to evaluate our safety/bullying and drug education programs.

To gather this information, we have chosen a <u>Pride Surveys questionnaire</u>. Please click on the link to review the survey tool. Pride Surveys has over 30 years' experience surveying students in school systems across the U.S. Survey procedures have been developed to protect your child's privacy and allow for **anonymous participation**. While we encourage all students to participate, the decision to participate is voluntary. You may opt to send a refusal for your child's participation by completing the form below and returning to the main office by January 10, 2022. There will be no action against you or your child if your child does not participate. Please note, failure to respond to this notice indicates approval of participation of the survey.

A summary of the information gathered will be shared with school administrators and parents when results are obtained and analyzed. If you have any questions regarding the survey, the process, or the way information is shared please contact Rebecca Dorney at the Center for Prevention & Counseling at Rebecca@centerforprevention.org or 908-747-1167.

We appreciate your working with us as we continue our efforts to guide our children towards safe and healthy behaviors.

Sincerely,

Mus Vinele ouler Cisme ou

Please print your name (parent or guardian)	Signature of Parent or Guardian
name), who is in(indicate grade #) to fill out th	e Pride Survey with his/her class at school.
I do not give permission for my child,	
PLEASE CHECK BELOW IF YOU DO NOT WANT YOUR	CHILD TO PARTICPATE IN THIS SURVEY:
*******************	*******
Chief School Administrator	
Mrs. Killiberty Signali	

