

University of Manchester
School of Psychological Sciences
Opt Out Consent Form

Parent/Guardian consent REFUSAL form

Title of project: It goed like this: how children learn to form the past tense.

If you are happy for your child to participate in this study then no further action on your part is required. However, if for any reason you **do not** wish your child to take part in the study, please complete this form and return it to the nursery/school by **the [DATE ONE WEEK AFTER LETTER SENT OUT].**

I have read the enclosed information and **do not** wish my child to take part in the above study.

Signature of Parent Date

Child's name:

If this consent form is not returned to the school before the [DATE ONE WEEK AFTER LETTER SENT OUT] we will assume that you agree to your child taking part.