



Norfolk Public Schools

The cornerstone of a proudly diverse community

FAMILY LIFE EDUCATION OPTION FORM

Check only one box and return to your child's school by:

_____ (Date)

I **do not** want my child to participate in the Family Life Education program.

I **do not** want my child to participate in the following objectives: (Please list by objective number from previous page)

IF THIS FORM IS NOT RETURNED, YOUR CHILD WILL BE INCLUDED IN THE FAMILY LIFE EDUCATION PROGRAM.

_____ Child's Name

_____ Grade Level

_____ Signature of Parent or Guardian

Student File Copy