

Family Life Education Elementary School Opt Out Form

Check only one box and return the form to your child's school by May 15th.

☐

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)

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

Child's Name:

Signature of Parent or Guardian:

Date:

