“OPT OUT PROCEDURE FORM

Child’s Name ___________________________________________ Grade: _________
Last                                      First                        Middle Int.

School: _______________________________                     Home Room Teacher: _____________

School Year: ________________________

Following careful review of Suffolk’s Family Life Educations (F.L.E.) Curriculum and Program, I want my child to be “opted out” of the following objectives for the school year:

Directions: Identify the “opted out” objectives by listing the objective number found to the left of each objective in Suffolk’s Family Life Education Curriculum Guide.

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I understand that instead of completing the F.L.E. objectives listed above my child will be given an assignment that will earn the same credit designed to meet his/her individual needs.

Parent/Guardian(s) Name: ________________________________________________

Parent/Guardian(s) Signature: _____________________________________________

Date Signed: _______________________________