

January 17<sup>th</sup>, 2024

Dear Parent/Guardian:

Florida legislation (6A-1.094124) requires that all students, grades 6<sup>th</sup> - 12<sup>th</sup>, receive instruction in mental health, child trafficking prevention, and substance abuse. In Volusia County schools, students will receive this instruction through a developmentally appropriate lesson within their class day. Lesson topics will include the following:

***High School – Introduction to Mental Health, Coping Skills, Signs of Mental Illness, Seeking Help, Resiliency Standards, and Safety & Substance Abuse***

At Seabreeze High School, lessons will be delivered in the classroom by your child's teacher in 1<sup>st</sup> period on January 30<sup>th</sup>, as well as in 7<sup>th</sup> period on February 13<sup>th</sup>, February 27<sup>th</sup>, and March 12<sup>th</sup>. Mental Health counselors and school counselors will be made available for any students who may need to debrief about any of the material.

If you have any questions about the lessons, please feel free to contact me at Seabreeze High School. We highly recommend that all students participate in this important lesson. However, if you do not want your student to participate, please complete and sign the bottom portion of the opt out form and have your student return it to the Student Resources office (Building 2) indicating your decision to opt out.

Sincerely,

Aaron Goldstone  
Teacher on Assignment – Dean  
[asgoldst@volusia.k12.fl.us](mailto:asgoldst@volusia.k12.fl.us)  
(386) 258-4674 ext. 54707

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PARENT CIVIC EDUCATION AND CHARACTER EDUCATION AND  
LIFE SKILLS EDUCATION CURRICULUM  
2023-2024

**IF YOU “DO NOT” WANT YOUR TEEN TO PARTICIPATE IN THE PROGRAM LESSONS, COMPLETE THE FOLLOWING FORM & RETURN THE FORM TO THEIR SCHOOL.**

I understand returning this form means **I DO NOT WANT MY TEEN TO PARTICIPATE** in the district instruction on Civic Education and Character Education and Life Skills Education through resiliency education using the health education standards adopted in Rule 6A-1.09401, F.A.C., Student Performance Standards.

I UNDERSTAND **THEY WILL NOT RECEIVE THE IMPORTANT INFORMATION** contained in the program.

**Student’s Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_



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