

**Stafford County Public Schools
Family Life Education
OPT-OUT FORM**

Dear Parent/Guardian:

Stafford County Public Schools provides age-appropriate family life education (FLE) instruction to students in grades K-10 in family living and community relationships, abstinence education, mental health, responsibility and disease prevention.

The FLE curriculum and materials for K-10 are available for review at each of our schools and on the county website. Curriculum binders are located in the front office of each school. You may review these materials on-site along with all videos and DVDs. The video materials are available for preview through each school's media center.

FLE instruction for K-5 students will be scheduled during **second semester**. Students in grades K-5 will be taught FLE by classroom teachers, physical education teachers, school counselors, school nurses, and administrators as support and resources.

FLE instruction for students in grades 6-10 will be scheduled any time after **October 1st**. FLE instruction for secondary students is provided by the health and physical education teachers with support from school counselors and the school nurse. Some objectives will be taught in separate classes for boys and girls.

If you choose for your child not to receive any/all of the FLE lessons, an **OPT-OUT FORM** is provided below. The form must be completed by **October 1st** and returned to your child's classroom teacher or health and physical education teacher. If your child enrolled after October 1, please return the opt-out form with the enrollment forms. Students who do not receive FLE instruction will be provided health instruction as an alternative.

Questions and concerns may be shared with your child's FLE teacher, the building principal, counselor(s), or school nurse. You may also contact the Coordinator for Health, Physical Education, Athletics and Student Wellness at (540) 658-6694.

OPT-OUT FORM

Student Name _____ School _____ Grade _____

I **DO NOT** give my child permission to be taught the following Family Life Education.:

Objective(s) (Please list by number): _____

Date

Signature - Parent/Guardian

TO OPT-OUT OF FAMILY LIFE EDUCATION, PLEASE RETURN THIS FORM TO THE TEACHER AT YOUR CHILD'S SCHOOL BY **OCTOBER 1st**.