



Sex Education Opt Out Form

Please complete and return if you do **NOT** want your child to participate in the 10-day sex education unit.

I wish for my child, _____, a student at
(Print Student Name)
_____, to be excused from the
(Print School Name)

sex education unit. I understand that he/she will receive independent health assignments and will be sent to a separate supervised location to complete that work.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____ Cell Number: _____

Grade: _____ Teacher: _____

Debbie Sarratt
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Department of School Improvement
Bulloch County Schools