

# **PARENT RESILIENCY EDUCATION, CIVIC AND CHARACTER EDUCATION, AND LIFE SKILLS EDUCATION OPT-OUT FORM**

**2024-2025**

**IF YOU “DO NOT” WANT YOUR CHILD 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 CHILD TO PARTICIPATE** in the district instruction on Civic Education and Life Skills Education through Resiliency Education, which aligns to topics in Health Education required instruction (*Section 1003.42, Florida Statutes*)\*.

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

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

Student’s School Name: \_\_\_\_\_

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

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

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

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

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*\*\* This follows Rule 6A-1.094124, F.A.C. Required Instruction Planning and Reporting and uses the health standards adopted in Rule 6A-1.09401, F.A.C.*