

Family Life Education High School Opt Out Form

Check only one box and return the form to your child's school.

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I **do not** want my child to participate in the Family Life Education program.

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I **do not** want my child to participate in the following lessons:

(Please check the lesson number)

- | | |
|--|---|
| ☐ High School Lesson One | ☐ High School Lesson Seven |
| ☐ High School Lesson Two | ☐ High School Lesson Eight |
| ☐ High School Lesson Three | ☐ High School Lesson Nine |
| ☐ High School Lesson Four | ☐ High School Lesson Ten |
| ☐ High School Lesson Five | ☐ High School Lesson Eleven |
| ☐ High School Lesson Six | |

IF THIS FORM IS NOT RETURNED, YOUR CHILD WILL BE INCLUDED IN THE FAMILY LIFE EDUCATION PROGRAM.

Child's Name:

Signature of Parent or Guardian:

Date:

