

**Arlington Public Schools
Family Life Education
Parent Opt-Out Form**

SCHOOL _____ DATE _____

STUDENT NAME _____ TEACHER NAME _____

STUDENTS HOME ADDRESS _____

PHONE NUMBER _____

I hereby exercise my option to have my child opt-out of the following objectives. I understand that my child will be given an alternative assignment to be completed independently in place of any objectives from which I opt-out my child. I also understand that the child is expected to comply with school rules and policies while working on the alternative assignment and that a grade will be given for this assignment.

DIRECTIONS: Please place your initials on the line next to each objective from which you opt-out your child.

- ____ 2.1 The student will recognize that everyone has strengths and weaknesses and that all persons need to be accepted and appreciated as worthwhile.
- ____ 2.2 The student will realize that adults other than parents also provide care and support for children.
- ____ 2.3 The student will become aware that babies grow inside the mother's body in a special place called the uterus.
- ____ 2.4 The student will become aware of the need to take responsibility for the effects of his or her behavior on others.
- ____ 2.5 The student will demonstrate appropriate ways of dealing with feelings.
- ____ 2.6 The student will realize that physical affection can be an expression of friendship, of celebration, or of a loving family.
- ____ 2.7 The student will advance in readiness to say "no" and to tell a trusted adult, such as a parent, teacher, minister, grandparent, or guardian, in private about inappropriate approaches from family members, neighbors, strangers, and others.
- ____ 2.8 The student will be conscious of how commercials use our emotions to make us want products.

PLEASE RETURN THIS FORM TO THE PRINCIPAL BY THE DATE ESTABLISHED BY YOUR SCHOOL

PARENT/GUARDIAN SIGNATURE _____ DATE _____