

**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.

- ____ 4.1 The student will be able to identify the human reproductive organs.
- ____ 4.2 The student will identify physical changes that begin to occur during puberty.
- ____ 4.3 The student will develop an awareness of human fertilization and prenatal development.
- ____ 4.4 The student will identify basic human emotions and effective ways of dealing with them.
- ____ 4.5 The student will develop awareness and acceptance of his or her strengths and weaknesses.
- ____ 4.6 The student will become aware of the need to assume responsibility within the family and to function effectively as a family member.
- ____ 4.7 The student will describe the factors surrounding child abuse and child neglect.
- ____ 4.8 The student will understand the importance of deciding to do the right thing despite pressure from others.

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

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____