

**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.

- _____ 5.1 The student will define the structure and function of the endocrine system.
- _____ 5.2 The student will identify the human reproductive organs in relation to the total anatomy.
- _____ 5.3 The student will explain how human beings reproduce.
- _____ 5.4 The student will recognize the relationship between the physical changes that occur during puberty and the developing capacity for reproduction.
- _____ 5.5 The student will identify reasons for avoiding sexual activity prior to marriage.
- _____ 5.6 The student will describe the effects of personal hygiene on one's self-concept.
- _____ 5.7 The student will develop an increased understanding of the roles, duties, and responsibilities of family members.
- _____ 5.8 The student will examine the messages from mass media related to sexuality.
- _____ 5.9 The student will develop skill in saying "no" to any social behavior or activity that he or she perceives as wrong for him or herself.
- _____ 5.10 The student will recognize threatening or uncomfortable situations and how to react to them.

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

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____