

**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.

- ____ 9.1 The student will understand the human growth and development cycle.
- ____ 9.2 The student will explain the importance of the family as a basic unit of society and his or her responsibility as a member of the family.
- ____ 9.3 The student will recognize the development of sexuality as an aspect of the total personality.
- ____ 9.4 The student will review and apply the decision-making process.
- ____ 9.5 The student will review the nature and purposes of dating.
- ____ 9.6 The student will realize the importance of setting standards for controlling sexual behavior and of postponing sexual relations until marriage.
- ____ 9.7 The student will interpret the effects and prevention of sexual assault, rape (including date rape), incestuous behavior, and molestation, and human sex trafficking.
- ____ 9.8 The student will be able to explain the process of reproduction.
- ____ 9.9 The student will demonstrate understanding of specific health issues, including the ability to conduct self-examinations
- ____ 9.10 The student will demonstrate knowledge of pregnancy prevention and disease control.
- ____ 9.11 The student will explain the transmission and prevention of the HIV.
- ____ 9.12 The student will identify the effects of discrimination.
- ____ 9.13 The student will begin to identify educational and career goals.

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____