

**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.

- ____ K.1 The student will experience success and positive feelings about self.
- ____ K.2 The student will experience respect from and for others.
- ____ K.3 The student will become aware of the effects of his or her behavior on others and the effects of others' behavior on himself or herself.
- ____ K.4 The student will recognize that everyone is a member of a family and that families come in many forms.
- ____ K.5 The student will identify members of his or her own family.
- ____ K.6 The student will develop an awareness of positive ways in which family members show love, affection, respect, and appreciation for each other.
- ____ K.7 The student will realize that physical affection can be an expression of friendship, of celebration, or of a loving family.
- ____ K.8 The student will recognize the elements of good (positive or healthy) and bad (negative or unhealthy) touches by others.
- ____ K.9 The student will demonstrate how to say "no" to inappropriate approaches from family members, neighbors, strangers, and others.
- ____ K.10 The student will identify "feeling good" and "feeling bad."
- ____ K.11 The student will find help safely.

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

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____