

**WAYNESBORO PUBLIC SCHOOLS**

**FAMILY LIFE EDUCATION**

**OPT-OUT REQUEST FORM**

**Student Name:** \_\_\_\_\_

**Homeroom Teacher:** \_\_\_\_\_

**SCHOOL YEAR: 20** \_\_\_\_\_ **-20** \_\_\_\_\_ **School:** \_\_\_\_\_

I have reviewed the Family Life Curriculum Guide for Waynesboro Public Schools and request that my child be excused from participating in all or part of Family Life Education. I understand that my child will receive non-FLE related instruction completed under teacher direction apart from the classroom.

Check one:

\_\_\_\_\_ Opt my child out of **ALL** FLE curriculum for the current school year.

\_\_\_\_\_ Opt my child out of only those FLE standards identified below for the current school year.

Objective Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST BE RETURNED TO YOUR CHILD'S SCHOOL AT LEAST ONE WEEK BEFORE THE FLE PROGRAM BEGINS AT YOUR CHILD'S SCHOOL.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

