



VIRGINIA BEACH CITY PUBLIC SCHOOLS

CHARTING THE COURSE

Department of Teaching and Learning

**PERMISSION FORM TO OPT MY CHILD OUT OF
THE SIXTH GRADE FAMILY LIFE EDUCATION PROGRAM**

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN THE FAMILY LIFE EDUCATION PROGRAM, COMPLETE THIS FORM AND RETURN IT TO YOUR CHILD'S SCHOOL. IF YOU WANT YOUR CHILD TO PARTICIPATE IN THE PROGRAM, DO NOT RETURN THIS FORM. KEEP IT FOR YOUR SCHEDULE OF THE DATES AND TOPICS OF INSTRUCTION.

The guidelines adopted by the School Board for the Family Life Education program give you the opportunity to opt your child out of the Family Life Education classes. By completing the form below and returning it to your child's teacher, you are requesting that your child be removed from the Family Life Education classes. You are also giving permission for your child to receive alternative lessons related to general health topics during the Family Life Education classes.

You may opt your child out of some or all of the Family Life Education objectives. Indicate which objectives you **DO NOT** want your child to attend by placing a check () in the appropriate box/es. Please return this form to your child's teacher on or before **5/29/18**.

Opt Out (<input type="checkbox"/>) I DO NOT want my child to participate:	Dates	Objective	# of Lessons	Objective
<input type="checkbox"/>	(add)	6.1 Lesson 1	1	The student will understand personal hygiene practices and the physical changes that occur during puberty. (SEX-SEPARATED LESSON)
<input type="checkbox"/>	(add)	6.3 Lesson 2	1	The student will continue to identify physical and emotional changes that occur during puberty and their effects on growth and development. (SEX-SEPARATED LESSON)
<input type="checkbox"/>	(add)	6.8 Lesson 3	1	The student will demonstrate increased understanding of child abuse and neglect, including emotional and sexual abuse.

I have reviewed the lesson objectives, and **I DO NOT WANT MY CHILD TO PARTICIPATE** in the Family Life Education lessons that I have checked above. I understand that he or she will receive alternative lessons related to general health topics during the Family Life Education classes.

Child's Name: _____

Teacher's Name: _____

Name of Parent/Guardian Printed or

Typed: _____

Signature of Parent/Guardian: _____

Date _____ **Phone:** _____

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