



**FAMILY LIFE AND SEX EDUCATION
NON-PARTICIPATION FORM**

Return to your child's teacher prior to October 1

PARENT'S NAME _____ DATE _____

CHILD'S NAME _____

SCHOOL _____ GRADE _____

During the _____ - _____ school year, I want my child,
_____, exempt from Family Life and Sex

Education classes dealing with: (please list specific topics by number and title)

Instead, I prefer my child participate in: (please check one)

_____ Assignments in an academic area of the teacher's choice

_____ Assignments collectively determined by the teacher and parent(s). I will contact the teacher to arrange a conference immediately.

Parent Signature

FLSE Teacher

Principal's Signature