



SUFFOLK
PUBLIC SCHOOLS

“OPT OUT PROCEDURE FORM

Child’s Name _____ Grade: _____
Last First Middle Int.

School: _____ Home Room Teacher: _____

School Year: _____

Following careful review of Suffolk’s Family Life Educations (F.L.E.) Curriculum and Program, I want my child to be “opted out” of the following objectives for the school year:

Directions: Identify the “opted out” objectives by listing the objective number found to the left of each objective in Suffolk’s Family Life Education Curriculum Guide.

I understand that instead of completing the F.L.E. objectives listed above my child will be given an assignment that will earn the same credit designed to meet his/her individual needs.

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Signature: _____

Date Signed: _____