Arlington Public Schools Family Life Education Parent Opt-Out Form – GRADE 3

STUDENT NAME:	PHONE #:
TEACHER NAME:	DATE:

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-

<u>Descriptive Statement</u>: The student's own biographical data are used to chart growth and development patterns and sequences and to demonstrate and validate individual variations in development.

products. <u>Descriptive Statement</u> : Children review the concept of rexamples of techniques used by the media to create excistudents will begin to understand how the media affects and alcohol, tobacco and other drug use.	itement and a desire to purchase products
ASE RETURN THIS FORM TO THE PRINCIPA	L BY THE DATE ESTABLISHED
J R SCHOOL ENT/GUARDIAN SIGNATURE:	DATE: