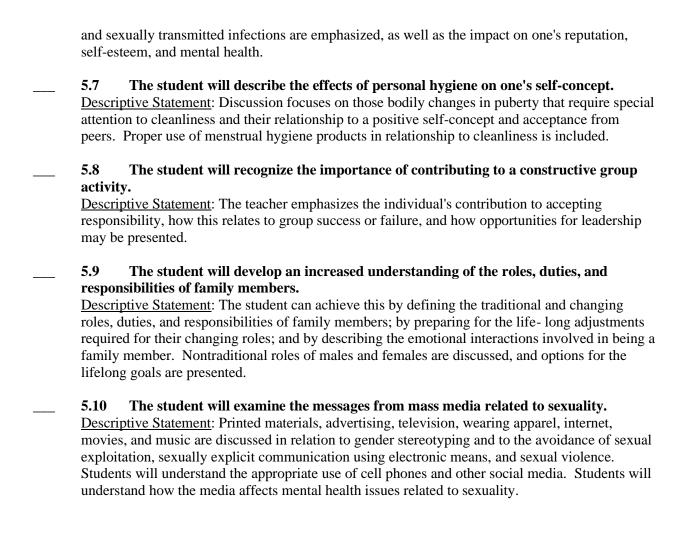
Arlington Public Schools Family Life Education Parent Opt-Out Form GRADE 5

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 PMCID &PMCID &PMCID



 5.14 The student will become aware of the existence of sexually transmitted infection. Descriptive Statement: Factual information regarding the nature of sexually transmitted infection, including human immuno-