FAMILY LIFE AND SEX EDUCATION
NON-PARTICIPATION FORM

Return to your child’s teacher prior to October 1

Parent’s Name: _______________________________________________________________
Child’s Name: ________________________________________________________________
School:  _____________________________________________________________________
Grade:  _________________    Today’s Date: ___________________________

During the 20__-20__ WJCC School Year, I _______________want my child

(Enter student’s name here)____________________________________________________

Exempt from Family Life and Sex Education classes dealing with (please list 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 Signature:  ______________________________________________________

Principals Signature:  __________________________________________________________

This form shall remain on file in the school office.