Glen Rock Public Schools 600 Harristown Road Glen Rock, NJ 07452

## Family Life Education Student Opt-Out Request Form

☐ Elementary	☐ Middle School ☐ High School
Ple	ase check $()$ appropriate box:
To Parent(s)/Guardian(s),	
	ement. However, you have the right to request that your child be excused Unit. There is no academic penalty if you exercise this right. Your child health.
DIRECTIONS:	
	fe lessons, please complete this form and return it to the Superintendent's Health Education teacher will arrange an alternative Health Education
	Student Information
Last Name	First Name
School	
Grade	Classroom Teacher's Name
Please exempt the above name student from par	ticipation in the Family Life education lessons being presented in his/her ill be given alternative instruction or skill development activities.
Signature of Parent/Guardian	Date
Telephone Number	

Copies will be sent to: Building Principal, Guidance Counselor, Health Teacher