

Fairfax County Family Life Education

**OPT-OUT REQUEST FORM
Kindergarten**

If you wish to opt your child out of all or some of the kindergarten Family Life Education lessons, please complete this form and **return it to the school office or to your child's teacher by the second week of school.**

PLEASE NOTE: You do not need to return this form unless you are opting your child out of all or some of the kindergarten Family Life Education lessons.

CHILD'S NAME _____

SCHOOL _____ **TEACHER** _____

Emotional and Social Health Education Lessons

Please check those kindergarten Mental Health Education lessons in which you do not want your child to take part.

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| _____ | Lesson 1 | <i>The student will identify members of his or her own family.</i> |
| _____ | Lesson 2 | <i>The student will recognize that everyone is a member of a family and that a family is the first experience of community, which is made up of many families that are alike and different.</i> |
| _____ | Lesson 3 | <i>The student will recognize the positive ways family members show love, affection and appreciation for one another.</i> |
| _____ | Lesson 4 | <i>The student will study the reasons for personal hygiene practices and the consequences of the lack of them.</i> |
| _____ | Lesson 5 | <i>The student will learn that hurting someone on purpose, physically or mentally, is unacceptable behavior.</i> |
| _____ | Lesson 6 | <i>The student will recognize his or her right to say "no" to inappropriate touches by neighbors, strangers, family members, or others.</i> |
| _____ | Lesson 7 | <i>The student will practice making appropriate self-protection decisions.</i> |
| _____ | Lesson 8 | <i>The student will demonstrate how to avoid interaction with strangers.</i> |
| _____ | Lesson 9 | <i>The student will know how and where to get help in an emergency.</i> |

Parent/Guardian Signature

Date