



## SCHOOL ADMINISTRATION BUILDING

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915 Court Street  
Post Office Box 2497  
Lynchburg, Virginia 24505-2497

Dear Parent or Guardian,

Lynchburg City Schools' **Family Life Education** program is part of the school curriculum. The **fourth and fifth grade** curriculum includes units on safety, decision-making, personal hygiene, puberty, and some sex-sensitive topics including anatomy and reproduction.

The puberty and sex-sensitive units will be taught in sex-separated classes. During these units, we will identify and discuss external and internal genitalia of both the male and the female, physical and emotional changes that occur during puberty, ovulation, and menstruation. The lessons on reproduction will include fertilization of the egg and fetal development. In addition, fifth graders will briefly discuss sexually transmitted diseases (specifically AIDS).

You are encouraged to visit the school media center to review the Family Life Education program summary, the curriculum, and instructional materials available for use in the program. Upon request, your child's family life teacher can give you the titles of any videos that will be used in class.

Although annual evaluations indicate that Lynchburg's program is well designed and appropriate, you may exercise your "opt-out" right if you believe any part of the Family Life curriculum is not appropriate for your son or daughter. An opt-out form is binding. Once the classes have started, students may not decide to participate. Alternate assignments related to health will be provided for students whose parents elect to "opt-out."

To keep students focused and free to ask questions, visitors are discouraged from attending during class discussions. When information is sent home during the teaching of Family Life, it is our hope that you will use it to have an open dialogue with your child.

**Please complete and return the attached option statement to your child's teacher to indicate your preference for participation.**

Sincerely,

April M. Bruce  
Supervisor of Instruction



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## FAMILY LIFE EDUCATION OPTION STATEMENT

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Based on the information I have received regarding the Family Life Education program and the opt-out procedure,

\_\_\_\_ I request that my son/daughter **participate** in the Family Life Education program.

\_\_\_\_ I request that my son/daughter **NOT participate** (opt-out) in Family Life Education program.

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(Parent's Signature)

(Date)

**PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER  
WITH PARENT OR GUARDIAN'S SIGNATURE**