



Dear Parent or Guardian,

The Virginia State Board of Education requires that parents be notified in advance of any units that will be taught in **Family Life Education**.

Topics to be covered in the **9th grade** health course include the following: decision making, personality development, communication, reproduction, friendship, dating and sexuality, AIDS, and families in crisis.

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.

All videos used in the program are housed in the office for curriculum and instruction located on the second floor of the School Administration Building, 915 Court Street. Videos may be viewed at this location or at the school media center. To view videos at the School Administration Building, call 522-3700, extension 130, to make arrangements. To view videos at the school, contact the school librarian. Because videos may be in use at other schools at the time of your request, they may not be available immediately for preview. Upon request, your child's family life teacher can give you the titles of any videos that will be used in class.

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. Alternate assignments related to health will be provided for students whose parents elect to "opt-out." **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



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 the component of Family Life Education related to

(Parent's Signature) (Date)

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

Name of Health Teacher (see schedule): _____

Health Period (see schedule and circle Health period): 1 2 3 4 5 6 7