

PARENT MENTAL HEALTH CURRICULUM OPT-OUT FORM

2022-2023

IF YOU “**DO NOT**” WANT YOUR TEEN TO PARTICIPATE IN THE PROGRAM LESSONS,
COMPLETE THE FOLLOWING FORM & RETURN THE FORM TO THEIR SCHOOL.

I understand returning this form means I **DO NOT WANT MY TEEN TO PARTICIPATE** in the district instruction on Mental and Emotional Health Education, Substance Use and Abuse Health Education, and Child Trafficking/Safety Prevention Education.

I UNDERSTAND THEY WILL NOT RECEIVE THE IMPORTANT INFORMATION contained in the program.

Student's Name: _____ Grade: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

