

OPT-OUT FORM

No, I do not give my permission for my child to participate.

Please review the details of the activities, assemblies, collaborations, or celebrations (further referred to as events) and complete the top portion of the form if you do not give permission for your child to attend/participate. Please return to your child’s teacher prior to the date and time of the event.

School **Request Date**

Name of Student **Grade**

Name of Opt-Out Event **Teacher**

Date of Event **Time of Event** **Parent/Guardian Phone # or Email**

Parent/Guardian Name **Signature** **Date**

TO BE COMPLETED BY ADMINISTRATOR

Date Received **Date/Time Parent/Guardian Notified**

Alternative Assignment and Location for Student During Opt-Out Time.

Administrator Signature **Date**

Date this information was confirmed between administrator and teacher. _____

Please give the parent/guardian a copy of the form and keep a copy in a separate folder in the front office.