

Student Exemption Form for Family Life Education

Student's

Name _____

Current Grade

Level _____

Classroom Teacher's

Name _____

Please exempt the above named student from participation in the Family Life Education lessons for the following objective numbers:

I understand that he/she will be given alternative instruction or skill development activities.

Signature of Parent or

Guardian _____

Date _____

Signature of

Principal _____

Date _____

****It is advised in addition to this form that a phone call or email to Mrs. Tederick or Mr. Slezak occur to verify that the signed form was received by the Family Life teacher. jtederick@rappahannockschoools.us or lslezak@rappahannockschoools.us or RCHS telephone # (540) 227-0745 Mrs. Tederick ext. 3453 or Mr. Slezak ext. 3454**