Dear Parent/Guardian:

In response to the Code of Virginia, instruction in Prince William County Public Schools (PWCS) includes a comprehensive, sequential Family Life Education (FLE) program for kindergarten through grade ten. The FLE program is designed to provide students with the knowledge and skills to make informed, responsible decisions related to growth and development; communication and relationships; and emotional and social health.

Although the FLE program is highly compatible with existing curricula and serves to enrich the educational experiences of students, FLE content may be considered sensitive. Therefore, parents/guardians may choose to opt their child out of all or any part of FLE instruction. Students who are opted out will be provided with non-punitive health activities during FLE instruction. Parents/guardians should review the FLE objectives pertaining to their child’s grade or course before making opt out decisions. Detailed grade level and course-related objectives are located on the PWCS webpage at www.pwcs.edu.

If you determine your child should not be included in FLE this school year, indicate the objectives on the form that accompanies this letter and return the form to your child’s school prior to FLE instruction. Unless you indicate otherwise, your child will be included in FLE. You do not need to return the form if you wish for your child to participate in FLE instruction. Parents/guardians transferring students to schools within PWCS are responsible for informing the new school of opt-out decisions.

While parents/guardians may opt their child out of formal FLE instruction, teachers cannot be held responsible for spontaneous questions from students that may pertain to subjects previously discussed. Neither can a teacher be held accountable for discussions of sensitive topics that occur among students outside class. It is recognized that some families prefer that FLE instruction be provided in the home or church, or by the family physician. Every effort will be made to ensure that students understand and respect family choices in this matter to avoid undue peer pressure.

For more information about the PWCS Family Life Education program, please visit the Science and FLE page on the PWCS website. If you have questions about the timeline for FLE instruction in your child’s school, please contact your child’s teacher or administrator. For more information regarding FLE, please contact the Office of Student Learning, Science and FLE at 703.791.7240.

Sincerely,

Julia Renberg
Supervisor of Science and Family Life Education

Julia Renberg
Supervisor of Science and Family Life Education
Prince William County Public Schools
Family Life Education (FLE)
OPT-OUT REQUEST FORM

If you choose to opt your child out of instruction related to all or specifically identified FLE objectives, please complete this form and return it to your child’s teacher prior to FLE Instruction. Grade/course objectives and descriptions are available on the Science and FLE page of the PWCS website at www.pwcs.edu. The timeline for delivering FLE instruction is determined by individual schools.

Please note: You do not have to return this form unless you choose to opt your child out of all or any part of FLE instruction.

CHILD’S NAME: __________________________________________

SCHOOL: ________________________________________________

GRADE/COURSE: __________________________________________

TEACHER: ________________________________________________

Please exempt the above-named student from participation in Family Life Education instruction on the objectives listed below. I understand that he/she will be given alternative health-related instruction or skill development activities.

__________________________   ____________________________   ______________________

__________________________   ____________________________   ______________________

__________________________   ____________________________   ______________________

__________________________   ____________________________   ______________________

PARENT/GUARDIAN SIGNATURE: __________________________________________

DATE: ___________________   TELEPHONE NUMBER: ________________________