

**RETURN THIS FORM ONLY IF YOUR CHILD WILL NOT PARTICIPATE IN THE WORTH THE WAIT™, SEX EDUCATION PROGRAM.**

**THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE'S OFFICE BY TUESDAY NOVEMBER 24, 2009.**

**PLEASE CHECK AND SIGN BELOW IF CHOOSING TO OPT OUT:**

\_\_\_\_\_No, I do not give my permission for my child to participate in the Scott and White, Worth the Wait™, Sex Education instructional program.

I understand that he/she will not be allowed to remain in the classroom while the curriculum is being taught, and that he/she will receive alternative lessons deemed appropriate by the school.

_____	_____	_____
Student's Name	Campus	Grade
_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

**PLEASE NOTE:**

**If you are unable to attend the parent information night, but would like to preview the program materials before making your decision, please make an appointment with the School Nurse by TUESDAY, NOVEMBER 24, 2009**

**THANK YOU!**

<b>Benold</b>	<b>Shelley Spencer, R.N</b>	<b>943-5091</b>
<b>Forbes</b>	<b>Lindsey Love, R.N</b>	<b>943-5151</b>
<b>Tippit</b>	<b>Carol Brooks, R.N.</b>	<b>943-5041</b>
<b>Ninth Grade Campus</b>	<b>Marian Cockrum, R.N.</b>	<b>943-1801</b>
<b>Georgetown High School</b>	<b>Angela Ackert R.N.</b>	<b>943-5101</b>