

Parental Permission Form

Sex Education Survey

The Flagler School District will be administering a student survey regarding sex education and student opinions/experiences on Wednesday—March 22 and/or Thursday—March 23. If you do NOT want your child to participate, please sign this and send it back to your child's 2nd period teacher, OR email TownsendK@flaglerschools.com.

Please access www.flaglerschools.com for more information on this topic.

Please read the section below. **YOU ONLY NEED TO RETURN THIS FORM IF YOU DO NOT GIVE YOUR CHILD PERMISSION TO PARTICIPATE** in the survey. If you have any questions please contact Katrina Townsend, Director of Student Services at 437-7526, x 3124 or TownsendK@flaglerschools.com.

Thank you for your cooperation.

Child's Name: _____ School _____
2nd Period Teacher _____

I have read and understand this form.

My child does not have my permission to participate in the Sex Education Survey given at school in 2nd period.

Parent's Signature: _____

Telephone Number: _____ Date: _____