



Sandwich High School

REQUEST TO OPT-OUT OF THE HEALTHY TEEN RELATIONSHIPS

I hereby request that my child _____ who attends **Sandwich High School**, opt-out of participation in the Healthy Teen Relationships presentation for the **2019-20** school year.

Parent/Guardian Signature: _____ Date: _____

****Please return this letter to the office by Tuesday, September 10 ****

****If this sheet is turned in after Tuesday, September 10, there is no guarantee that they can be tallied in time for the September 13 presentation.**