



Bristol Tennessee City Schools

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Dear Parents and Guardians:

Family Life will be offered at Bristol Tennessee City Schools to all fifth through ninth grade students during the 2023-2024 school year.

If you were unable to attend the Family Life Forum in September, a complete copy of the Family Life health education curriculum material is available for you to preview in Canvas, using your parent account. To access the curriculum in Canvas, type this link in your browser and follow: <https://btcs.instructure.com/enroll/687XNB>.

The Family Life Health Education curriculum includes age-appropriate topics based solely on Tennessee Health Education Standards. To review the standards, please go to btcs.org then select *Resources>Family Life* for a link to the Tennessee Department of Education website or view them in the Family Life Canvas course. If you do not have a Canvas parent account, instructions are available on the Family Life website page.

If you want your child to participate in these classes, you do not need to do anything. However, if you do **not** want your child to participate in these classes, you may opt them out. To do this, please use the digital opt-out form in the Family Life Canvas course or complete and detach the form below and return it to your child’s teacher. **These forms must be submitted prior to the start of your child’s Family Life classes.** Students who do not participate will be given an alternate assignment during these classes.

Please contact the Secondary Curriculum office at (423) 652-9234 if you have any questions.

Sincerely,

Amy Scott, Ed.D.
Supervisor, Secondary Curriculum & Instruction

Rachel Walk, Ed.D.
Supervisor, Elementary Curriculum & Instruction

FAMILY LIFE OPT OUT FORM

If you **DO NOT** want your child to participate, please complete this form and return to your child’s school prior to the start of your child’s Family Life classes.

I **DO NOT** want my child to participate in the Family Life classes.

_____	_____
Student Name	Homeroom Teacher
_____	_____
Parent Name	School
_____	_____
Parent Signature	Date

ENGAGE. CHALLENGE. INSPIRE.