



**Warren County Public Schools**

**Special Services**

465 W. 15<sup>th</sup> St., Ste. 500

Front Royal, VA 22630

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[www.wcpsva.org](http://www.wcpsva.org)

OFFICE OF THE DIRECTOR,  
SPECIAL SERVICES

OPT OUT NOTIFICATION

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

As the parent/guardian of the above named student, I do not wish for my student to participate in **Just Ask Trafficking Prevention** \_\_\_\_\_ Curriculum/Program. I understand that I may change my mind at any time and will do so in writing.

I understand that this request is for the current school year only. This form may be submitted each school year.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature