

ACT Opt-Out Form

This form only needs to be returned if you DO NOT want your child to participate in the ACT Mental Wellness Program.

If you wish to opt your child out of participating in the ACT Mental Wellness Program, complete this form and return it to Longfellow Middle School by **Friday, November 1, 2019**. This form may be returned to the Longfellow main office, emailed to school social worker, Jeff Hewitt Jbhewitt@fcps.edu or faxed to (703) 533-2672. Please email Jeff Hewitt if you need a printed copy of the form.

I, _____, opt my child _____
(Parent or Guardian- PLEASE PRINT) (Student Name- PLEASE PRINT)

out of participating in the wellness screening at Longfellow Middle School.

Signature of Parent or Guardian

Date