



OPT-OUT

To opt-out of the Regional Sophomore Conference: PURSUIT CONNECTS, the parent/guardian or adult student must complete the following:

Student's Legal Last Name: _____

Student's Legal First Name: _____

Student's School: _____

Student's Enrolled Grade: SOPHOMORE 10th Grade

To support school district planning, please submit this form by Thursday, February 20, 2020 or your student will be enrolled in the conference.

I understand that by signing this form, I am opting my child out of participation in the Regional Sophomore Conference: PURSUIT CONNECTS.

Parent/Guardian* _____ Date _____
(signature)

Parent/Guardian* _____ Date _____
(printed name)

*Adult students (age 18 and older) may sign on their own behalf and do not require a signature by a parent or guardian.