Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

GREAT AMERICAN TEACH-IN OPT OUT FORM

School: _____ School Year: _____

Student First Name: Student Last Name:

Student ID No._____ Student Date of Birth: _____

I certify that I am the parent or legal guardian of the student named above.

I choose not to have my child participate in any of the Great American Teach-in (GATI) activities or presentations at my child's school during the current school year.

I understand that by "opting-out" of the GATI, my child will be unable to participate in any of the activities or presentations related to this event. I understand there will be alternative activities provided for my child during this time.

I understand that this exemption will take effect upon my completing this form and I am welcome to discuss this issue with a representative of the school.

Name of Parent/Guardian:_____Telephone: _____

Signature of Parent/Guardian:_____ Date:_____