



Imago Service Opt-Out Form

*Please fill in this form and email ebernay.304@lgflmail.org

Name of Child: _____ Class: _____

I choose to opt my child out of:

Mentoring pods (*tick box to indicate*)

Drop-In (*tick box to indicate*)

Parent/Guardian Name (*printed*): _____

Parent/Guardian Name (*signed*): _____ Date: _____

Reason for Opt-Out (it is important to give a reason for school records):