



## Opt - Out FORM

Please note: Your child will be automatically enrolled in the *1st to Finish* CSA Program unless you complete and return this form to your child's school by November 15th of their first grade year. There will NOT be an opportunity to opt in at a later date.

**Students Name: First, Middle Initial, Last**

I/we choose **NOT** to participate (**opt-out**) of the *1st to Finish* CSA Program.

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Parent or Guardian Signature

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Date Signed

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Parent or Guardian Printed Name

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Phone

*Optional:* Please let us know why you have elected not to participate in the automatic enrollment of your child in the *1st to Finish* CSA Program

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*If you have any questions, please contact the Education Foundation for Marquette Public Schools at 906-225-5324 or [mapseducationfoundation@gmail.com](mailto:mapseducationfoundation@gmail.com)*

FOR SCHOOL OFFICIAL USE ONLY:

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Date Received

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Received By - Name/Title & School