



Garden and Nutritional Science Lab Opt-Out Form

Student name: _____

Student Grade Level: _____ **Student ID number:** _____

Garden

_____ Initial here to opt out of BMMA's Garden Program.

Nutrition Lab

_____ Initial here to opt out of BMMA's Nutrition Lab Program.

Parent or Guardian name: _____

Parent or Guardian signature: _____

Parent or guardian email address: _____

Date: _____