HEALTH AND SEX EDUCATION EXEMPTION: OPT-OUT FORM

I, ______________________ (parent/guardian) request that my child, ____________________
be excused from participating in certain units of health or sex education instruction based on
religious, and/or personal value objections.

I request that the District waive the class attendance of my child in a class or courses on:

[ ] Comprehensive sex education, including in grades 6-12, instruction on the
prevention, transmission, and spread of AIDS.

[ ] Family life instruction, including in grades 6-12, instruction on the prevention,
transmission, and spread of AIDS.

[ ] Instruction on diseases.

[ ] Recognizing and avoiding sexual abuse.

[ ] Instruction on donor programs for organ/tissue, blood donor, and transplantation.

[ ] Other: __________________________________________________________
    _______________________________________________________________

Please identify the grade level, class, and building. __________________________________

____________________________________________________________________________

I understand that I am requesting the school to excuse my child from certain units of curriculum
that are required by state law. I further understand that in lieu of receiving instruction in this
unit of health education, my child may be required to receive alternative learning in health
education that is sufficient to enable my child to meet state requirements for health education. I
further understand that this opt-out exemption is only valid for the school year in which it is
signed and subsequent waivers may be necessary.

________________________________                    ___________________________
Parent/Guardian Signature                                   Administrator Signature

Date Received ______________