

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 or that I object to the course materials described below.

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.

Please identify the grade level, class, and building: _____

or

I object to this course material being used for my child's education: (describe the specific course material in detail): _____

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 _____

First Reading:	August 6, 2014
Second Reading & Approval:	September 3, 2014
First Reading:	October 4, 2017
Second Reading & Approval:	November 1, 2017