

**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.

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

- Comprehensive sex education, instruction on the prevention, transmission, and spread of AIDS.
- Family life instruction, instruction on the prevention, transmission, and spread of AIDS.
- Instruction on sexually transmitted infections.
- Recognizing and avoiding sexual abuse.
- Instruction on donor programs for organ/tissue, blood donor, and transplantation.

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 \_\_\_\_\_

Adopted 2009  
Reviewed 2016

