

# Health Opt-Out Form

**Return only if you do NOT want your child to participate.**

I would like my child \_\_\_\_\_ in \_\_\_\_\_ grade to opt out of the following health curriculum topics:

HIV/AIDS, Puberty, Family Life Education – (**Please circle opt-out topics**)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to Mr. Gordon Beinstein by September 2, 2019**