

**Lake Washington School District**

**PARENT REQUEST TO EXCUSE STUDENT FROM PLANNED  
INSTRUCTION IN HIV/AIDS EDUCATION**

To: \_\_\_\_\_  
(Principal) (School)

I/We have reviewed the curriculum and request that our student, named below, be excused from any planned instruction in HIV/AIDS education for the current school year.

\_\_\_\_\_  
(Name of Student) (Grade)

\_\_\_\_\_  
(Parent's Signature) (Date)

**RETURN THIS FORM TO THE SCHOOL PRINCIPAL BY** \_\_\_\_\_  
(Date)

*THIS REQUEST FORM APPLIES TO THE CURRENT SCHOOL YEAR ONLY*