

**IKCA Human Sexuality and AIDS Education**

**IKCA**

**Opt-Out Procedure and Form**

A parent or guardian (or student eighteen years of age or older) may use the district opt-out provision to remove the student from some portion or all of human sexuality and AIDS classes included in the district's required curriculum.

Approved: January 26, 2004

**IKCA-R Human Sexuality and AIDS Education**

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**Opt-Out Procedure**

Following appropriate review of the curriculum goals on file at the board of education office, the parent or guardian must complete the district opt-out form and state the portion(s) of the curriculum in which the student is not to be involved.

Any parent or guardian (or student eighteen years of age or older) who does not want the student involved in all or some portion of the Human Sexuality and AIDS education classes of the district shall be provided a written copy of the district goals and objectives for the appropriate Human Sexuality and AIDS class to which the student is assigned. This information will be provided to the parent or guardian upon request.

Notice of the availability of the Human Sexuality and AIDS curriculum goals and objectives will be made to the public by means of the Freedom of Information Guidelines.

Opt-Out Form

Parents or guardians (or students eighteen years of age or older) may complete the opt-out request by obtaining a copy of the appropriate form from the principal, completing and signing the form and returning the form to the principal. The signed form will be kept on file in the principal's office.

The building principal will receive a copy of the signed form so the named student can be excused from all or a portion of the Human Sexuality and AIDS classes. In addition, arrangements shall also be made for class reassignment of the student during the opt-out period.

No parent or guardian (or student eighteen years of age or older) shall be allowed to make a written opt-out request prior to the opening day of class of the year the opt-out request applies. Opt-out requests shall be required annually and are valid only for the school year in which they are submitted.

Approved: January 26, 2004

**NOTE: Remove from book and file with the clerk/principals.**

HUMAN SEXUALITY  
AND  
AIDS EDUCATION

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, request that my child be removed from those  
portions of the Human Sexuality/AIDS instruction noted below:

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I have had the opportunity to review the curriculum goals and objectives or  
have had the opportunity to have them explained to me by a school official.

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Date

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Signature of Parent/Guardian

**Alternate assignment:**