

## Curricular Exemption Request Form

I request that my child, \_\_\_\_\_, be exempted from instruction in the following areas:

Check all that apply:

- Dissection
- Family life education
- HIV/AIDS
- Sexual abuse and assault awareness and prevention program

I recognize that teachers may require my child to complete alternative assignments in lieu of the curricular instruction planned in the area of exemption.

This form must be completed annually and returned to the school principal by \_\_\_\_\_  
(Date 2 weeks from the start of school).

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date