



**Fifth Grade Student Opt Out**  
*Comprehensive Sexual Health Education (CSHE)*

Did you attend a district provided session to preview curriculum?  
 yes       no

I would like to request that my student be excused from all or part of the district’s sexual health instruction (*Check each lesson that applies*):

CONTENT	OPT OUT
Ready, Set, Grow	
Puberty and the Male Reproductive System	
Puberty and the Female Reproductive System	
Reproduction	
Personal Hygiene and Healthy Habits	
Social and Emotional Changes	
Respecting Our Friends: Consent	
HIV and Sexually Transmitted Infections (STIs)	

***Please return this form to your child’s school Office Manager if not completing online.***

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Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

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School Student Attends \_\_\_\_\_ Teacher \_\_\_\_\_

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Signature of Parent/Legal Guardian \_\_\_\_\_

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Date \_\_\_\_\_

For school office use only: Please maintain the original parent form in the main office. Provide copies to the school nurse and student’s teacher.