

HEALTH AND SEX EDUCATION EXEMPTION: OPT-OUT FORM

I, _____ (parent/guardian) request that my child,
_____, be excused from participating in the
_____ unit(s) of health or sex education instruction in grade
_____ at _____ (school).

I understand that I am requesting school personnel to excuse my child from certain units of curriculum that are required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my child may be required to receive alternative learning that is sufficient to enable my child to meet state requirements of health education. I further understand that this opt-out exemption is only valid for the school year in which it is signed and subsequent waivers may be necessary.

Parent/Guardian Date

Date Received _____

Adopted: 5/4/09