SHORELINE PUBLIC SCHOOLS

Student Participation in Health Education Exclusion Form

Parents/Guardians please complete the entire form and return to your child's classroom or Health/PE Teacher prior to health instruction after you have previewed the curriculum. (One form per child).

According to state law and district policy*, a parent or legal guardian may excuse their child from participating in any, or all, classes related to sex education **after they have previewed the curriculum.**

Unless this form is completed and returned prior to the health instruction, we assume that you give your consent to allow your child to participate in HIV/AIDS and sexual health education.

Please select all that apply:

☐ I have attended a public review of the district sex education curriculum.

☐ I have **NOT** attended a public review of the district sex education but **have previewed** the recorded presentation and/or slides online.

My child may not attend, or participate in:

☐ the HIV/AIDS prevention

☐ sexual health education this year.

☐ I understand that my child will be excluded from the entire sexual health/HIV/AIDS units. Please provide my child with an alternate assignment during this course. I understand that my child will not be penalized for not attending this class.

Name of Student: _____

School: _____

Grade: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Building staff: please retain a copy of this form for your records.

*Washington State Healthy Youth Act and SLSD procedures 2125 and 2169.

91521HM

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