



REQUEST TO EXCUSE STUDENT FROM HIV/AIDS PREVENTION EDUCATION AND/OR  
COMPREHENSIVE SEXUAL EDUCATION INSTRUCTION

I have reviewed the materials for the Comprehensive Sexual Education and HIV/AIDS Prevention. I understand that I can opt my student out of participation for Comprehensive Sexual Education and/or HIV/AIDS Prevention in their entirety (the whole unit) or out of specific lesson.

- I do not want my student to participate in the Comprehensive Sexual Education for the \_\_\_\_ grade program and request that they be excused from participation in the WHOLE program. I understand that they will be provided alternate assignments to complete.
- I do not want my student to participate in a PORTION of the Comprehensive Sexual Education unit for the \_\_\_\_ grade program. I am requesting that they be excused from participation in the following lesson(s): \_\_\_\_\_. I understand that they will be provided alternate assignments to complete.
- I do not want my student to participate in the HIV/AIDS Prevention Education Program for the \_\_\_\_\_ grade program and request that they be excused from participation in the WHOLE unit. I understand that they will be provided alternate assignments to complete.

\_\_\_\_\_  
Please Print Name of student

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of parent / legal guardian

\_\_\_\_\_  
Date

**Please send /email completed paperwork to your student's school office for processing.**

**For Schools Office Use Only:** When a student returns this signed form to the school office, please make a copy and give to the HIV/AIDS/Family Life and Sexual Health instructor so they are aware to exclude student from participating in class at time of training, and please send original to: Patty Schultz, Student Learning Department, ESC. Questions? Contact Patty Schultz at [schultzp@edmonds.wednet.edu](mailto:schultzp@edmonds.wednet.edu) Thank you.