

**North Beach School District No. 64**

336 State Route 115, Ocean Shores, WA 98569 • PO Box 159 • Ocean Shores, WA 98569  
(360) 289-2447 • (360) 289-2492 Fax • www.northbeachschools.org

**Sexual Health Instruction Student Waiver**

I would like to request that my student(s) be excused from all or part of the district's sexual health instruction.

**Student Name (Printed)**

**School**

**Grade**

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**Instruction to be waived: All \_\_\_\_\_ Part \_\_\_\_\_**

**If waiving part of the planned instruction, please specify lesson(s):**

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**Parent/Guardian Name (Printed)** \_\_\_\_\_

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

**Date** \_\_\_\_\_

**Parent/Guardian:** Return form to your student's teacher

**Staff:** Please copy this form for your records and *send the original* to: (to be determined by the district)