



Comprehensive Sexual Health Education Student Waiver

Parents/Guardians: Please submit this form to your student's teacher to opt your student out of the following 4th grade Comprehensive Sexual Health Education lessons (select all that apply).

I would like to request that my student be excused from the following Snoqualmie Valley School District Comprehensive Sexual Health Education lessons (select all that apply). For additional information about these materials, please see the family letter shared from your school principal on April 22, 2024.

- FLASH - Introduction
- FLASH - Puberty, Day 1
- FLASH - Puberty, Day 2
- Consent and Bystander Skills
- Video - Puberty and You

Name of student _____ Grade 4

Name of classroom teacher _____

Name of parent/legal guardian _____

Signature of parent/legal guardian _____ Date _____