

BELLEVUE SCHOOL DISTRICT
Bellevue, Washington

Bellevue School District 405
Request to Exclude a Student from Sexual Health Education (Opt-Out) Form

To be submitted to a building administrator at the school the student attends. One copy each will be put in the student's cumulative file, and provided to the teacher and student for duration of the school year during which the request is effective.

Name of Student:	
Teacher/School:	

Elementary School Family Life and Sexual Health Lessons:	Middle School Family Life and Sexual Health Lessons:	High School Family Life and Sexual Health Lessons:
<ul style="list-style-type: none"> <input type="checkbox"/> 1: Introduction <input type="checkbox"/> 2: Family <input type="checkbox"/> 3: Self-Esteem <input type="checkbox"/> 4: Gender Roles <input type="checkbox"/> 5: Friendship <input type="checkbox"/> 6: Decision Making <input type="checkbox"/> 7: Consent & Bystander Skills <input type="checkbox"/> 8: Reporting Sexual Abuse <input type="checkbox"/> 9: Reproductive System (Day 1) <input type="checkbox"/> 10: Reproductive System (Day 2) <input type="checkbox"/> 11: Puberty (Day 1) <input type="checkbox"/> 12: Puberty (Day 2) <input type="checkbox"/> 13: Pregnancy <input type="checkbox"/> 14: HIV/AIDS <input type="checkbox"/> 15: Saying No 	<ul style="list-style-type: none"> <input type="checkbox"/> 1: Reproductive System and Pregnancy <input type="checkbox"/> 2: Sexual Orientation and Gender Identity <input type="checkbox"/> 3: Rules of Dating <input type="checkbox"/> 4: Saying No <input type="checkbox"/> 5: Coercion and Consent <input type="checkbox"/> 6: Preventing STDs <input type="checkbox"/> 7: Condoms to Prevent HIV and Other STDs <input type="checkbox"/> 8: Birth Control Methods <input type="checkbox"/> 9: Online Safety: Sexual Violence Prevention 	<ul style="list-style-type: none"> <input type="checkbox"/> 1: Climate Setting <input type="checkbox"/> 2: Reproductive System <input type="checkbox"/> 3: Pregnancy <input type="checkbox"/> 4: Sexual Orientation and Gender Identity <input type="checkbox"/> 5: Undoing Gender Stereotypes <input type="checkbox"/> 6: Healthy Relationships <input type="checkbox"/> 7: Coercion and Consent <input type="checkbox"/> 8: Online Safety: Sexual Violence Prevention <input type="checkbox"/> 9: Abstinence <input type="checkbox"/> 10: Birth Control Methods <input type="checkbox"/> 11: Preventing HIV & Other STDs <input type="checkbox"/> 12: Condoms to Prevent Pregnancy, HIV and Other STDs <input type="checkbox"/> 13: Testing for HIV & Other STDs <input type="checkbox"/> 14: Communication and Decision Making <input type="checkbox"/> 15: Improving School Health

I, the undersigned parent/guardian of _____, hereby request that the Bellevue School District waive the class attendance requirement for the above mentioned student from the specific lessons in the Family Life and Sexual Health curriculum listed below as agreed upon by the teacher. The teacher will provide related alternative educational activities for the child for the duration of that instruction.

Signature:	
Name of Parent/Guardian (please print)	
Address:	
Date:	
Specific lessons to be waived	

Parents/Guardians must initiate the request for the form to excuse their children from any planned sexual health instruction. The school will only provide this form to parents/guardians who request it.

Building Administrator: _____

Signature: _____

Date: 2.24