

BELLEVUE SCHOOL DISTRICT
Bellevue, Washington

**Request to Exclude a Student from HIV/AIDS Prevention
Education (Opt-Out) Form**

To be submitted to the building principal of the individual student. One copy each will be put in the student's cumulative record, and provided to the teacher and student for duration of the school year during which the request is effective.

Name of Student:	
Class/Time:	
Teacher/School:	

I, the undersigned parent/guardian of _____, hereby request that the Bellevue School District waive the class attendance requirement for the above mentioned student from particular lessons in the HIV/AIDS Prevention Education curriculum, agreed upon with the teacher. The teacher will then provide alternative Health Education activities for the child for the duration of that instruction.

Signature:	
Name of Parent/Guardian (please print)	
Address:	
Date:	

It is the intent of these procedures that the parents or guardians initiate the request for the form to excuse their children from any planned instruction in the HIV/AIDS Prevention Education curriculum. The school will not distribute forms to parents or legal guardians of all children who might be involved in classes where such instruction would occur.

Approved by: _____ Title: _____