

**REQUEST FOR NON-PARTICIPATION IN
COMPREHENSIVE SEXUAL HEALTH OR HIV/AIDS PREVENTION INSTRUCTION**

(Please complete a separate form for each student attending our schools or programs and return it to the school office.)

I do not want my child (name): _____ to participate in **COMPREHENSIVE SEXUAL
HEALTH OR HIV/AIDS PREVENTION INSTRUCTION**.

Signature: _____ Date: _____

Please check the appropriate status of signer:

- (a) Parent/Guardian of Pupil Age 17 or Younger
- (b) Pupil Age 18 or Older

REQUEST NOT TO RELEASE DIRECTORY INFORMATION REGARDING MY CHILD(REN)

(This will include recruitment release, CCGI, and photo & internet release. Please complete a separate form for each student attending our schools or programs and return it to the school office.)

Date: _____ School Site: _____ Student's Name _____

Parent's Name (please print) _____ Signature: _____

Please check appropriate status of signer:

- (a) Parent/Guardian of Pupil Age 17 or Younger
- (b) Pupil Age 18 or Older

If you do not wish to have directory information about your son or daughter to be released without your prior approval, please complete the above form and return it to your son or daughter's principal within four weeks of the start of school.