

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

Instruction to be waived: All _____ Part _____

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

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)