



## Reproductive Health and Disease Education 2024-2025

### Reproductive Health and Disease Education Student Exemption Form

*Parents: Please submit completed form to the front office of student's school of enrollment. **The opt-out exemption form is only valid for the school year in which it is signed, and subsequent waivers may be necessary for the future.***

I, \_\_\_\_\_ (parent/guardian)  
request that my child, \_\_\_\_\_  
be excused from participating in reproductive health and disease instruction  
in \_\_\_\_\_ class.

I am requesting the school to excuse my child from reproductive health and disease curriculum required by course standards. I understand that instead of receiving instruction in the unit of reproductive health and disease education, my child will be required to complete an alternate assignment that is considered an appropriate substitution.

Parent/Guardian Signature \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date Received \_\_\_\_\_