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**Dr. Michael F. Fitzpatrick**  
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### HEALTH EDUCATION OPT-OUT FORM

I, \_\_\_\_\_ (parent/guardian) request that my teen,  
\_\_\_\_\_ be excused from participating in certain units of reproductive health and healthy relationships instruction based on religious objections, moral, ethical, and / or personal beliefs.

I request that the District waive the class attendance of my teen in a class or courses on:

- Reproductive health including pregnancy prevention and instruction on the prevention, transmission, and spread of sexually transmitted infections.
- Healthy relationships.

I understand that I am requesting the school to excuse my teen from certain units of curriculum that are required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my teen may be required to receive alternative learning in health education that is sufficient to enable my teen to meet state requirements for health education. I further understand that this opt-out exemption is only valid for the school year in which it is signed and subsequent waivers may be necessary.

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

Date : \_\_\_\_\_