



# HUMAN SEXUALITY EDUCATION OPT-OUT FORM

Lawrence Public Schools USD 497

Save & Print

School Year

I (parent/guardian name)

request that my child

be removed from those portions of the Human Sexuality/AIDS instruction noted below:

I have had the opportunity to review the curriculum goals and objectives or have had the opportunity to have them explained to me by a school official.

---

Signature of Parent/Guardian

---

Date of Signature of Parent/Guardian

---

Date Form Received