PUYALLUP SCHOOL DISTRICT

A Tradition of Excellence

Request to Excuse Student from Sexual Health and/or HIV/AIDS Education

I have previewed the Puyallup School District's HIV/AIDS prevention and Human Growth and Development (Sexual Health) curriculum for my student's grade level. I am requesting that my student be excused from participation in this activity.

Name of Student:

Student's School:

Student's Grade:

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian:

Date:

Parent: Send this original to your student's school office.
Try to submit at least a week prior to the lessons being taught.

SCHOOL: KEEP ON FILE, INFORM TEACHER OF EXCUSAL FROM THE CURRICULUM, SEND A COPY TO SPARKS STADIUM.

Instructional Leadership, Health & Fitness
601-7th AVE SW - PUYALLUP, WA 98371
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