

Human Growth and Development Opt-Out Request

PLEASE PRINT ALL INFORMATION

Student Information:

Last Name *First Name* *Middle Name* *School Attending*

Parent/Guardian Information:

Last Name *First Name* *Last Name* *First Name*

Home Phone Number *Cell Phone Number* *Email Address*

I would like my son/daughter _____ to be exempted from the following topics of instruction (please check them below). Additional detail on the topics can be found on the District's website under District > Curriculum Information > Human Growth and Development.

1. Social Health

- _____ Family Relationships – 3 class periods
- _____ Building Health Peer Relationships and Choosing Abstinence – 3 class periods
- _____ Preventing Violence – 3 class periods

2. Human Development

- _____ The Endocrine System – 1 class period
- _____ The Male Reproductive System – 2 class periods
- _____ The Female Reproductive System – 2 class periods
- _____ Pregnancy, Birth, Childhood, Shaken Baby Syndrome and Safe Haven Law – 5 class periods
- _____ Adolescence, Adulthood and Marriage – 4 class periods

3. Preventing Disease

- _____ Sexually Transmitted Infections and HIV and AIDS, and Prevention Methods – 3 class periods
- _____ Contraception – 2 class periods

I understand that my child will receive an alternate assignment(s) to complete and go to another location in the building the day(s) that the instruction is occurring in the classroom.

Parent Signature _____ Date: _____

This form only needs to be returned if you do NOT want your child to be a part or all of the Human Growth and Development instruction.