

ATTENDANCE WAIVER FOR AIDS PREVENTION EDUCATION

No student shall be required to participate in AIDS prevention education if a parent or guardian of the student objects in writing to such participation.

I do not wish _____
Student's Name

a student at _____
Name of School

To participate in AIDS prevention education.

Parent's or Guardian's Signature

Date

(This form should be returned to the office of the principal of the school the student attends.)