LIVONIA PUBLIC SCHOOLS
Health Test-Out
Sex Ed Opt in/out Form
Secondary Level

Student Name: _____ Date:_____

The Livonia Public Schools Board of Education has established a program of instruction which includes HIV/AIDS, serious communicable disease prevention education, and sexuality education.

Parents have the option to **opt in** or **opt out** of the sexual education unit version of the test-out. **Parents must complete the information below and turn in to the test-out coordinator in order to take the test.**

Health Test-Out Sex Education Opt in/out Form

(CHECK ONE)

_____ My child will be taking the test-out INCLUDING the sexual education unit.

_____ My child will be taking the test-out EXCLUDING the sexual education unit.

_____ _____

Parent/Guardian Signature **Date**

Completed form MUST be turned into the testing coordinator on the day of the test.