Sexual Health Instruction Student Waiver

I would like to request that my student(s) be excused from all or part of the district’s sexual health instruction.

Student Name (Printed)  School  Grade

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Instruction to be waived:  All _______  Part _______

If waiving part of the planned instruction, please specify lesson(s):

__________________________________________________________________________

Parent/Guardian Name (Printed) ___________________________________________

Parent/Guardian Signature ______________________________________________

Date ______________

Parent/Guardian: Return form to your student’s teacher

Staff: Please copy this form for your records and send the original to: (to be determined by the district)