Health and Sex Education Exemption: Opt Out Form

I, (parent/guardian) request that my child, be excused from participating in certain units of health or sex education instruction based on religious objections. I request that the District waive the class attendance of my child in a class or courses on:			
		[] Comprehensive sex education, prevention, transmission, and sprea	including in grades 6-12, instruction on the ad of AIDS.
[] Family life instruction, including transmission, and spread of AIDS.	ng in grades 6-12, instruction on the prevention,		
[] Instruction on diseases.			
[] Recognizing and avoiding sexual abuse. [] Instruction on donor programs for organ/tissue, blood donor, and transplantation. Please identify the grade level, class, and building.			
		that are required by state law. I further und of health education, my child may be requi that is sufficient to enable my child to mee	ol to excuse my child from certain units of curriculum derstand that in lieu of receiving instruction in this unitired to receive alternative learning in health education at state requirements for health education. I further only valid for the school year in which it is signed and
		Parent/Guardian Signature	Administrator Signature
Date Received			