3525 (IHAM-R)

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 (please list the specific material or unit)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please identify the grade level, class, and building of your child. _____

_____.

I understand that I am requesting the school to excuse my child from certain units of curriculum that are required by state minimum standards. I further understand that in lieu of receiving instruction in this unit of health education, my child may be required to receive alternative learning in health education that is sufficient to enable my child to meet state minimum standards for Health Education. I further understand that this opt-out exemption is only valid for the school year in which it is signed and subsequent waivers may be necessary.

_____ _____

Parent/Guardian Signature Administrator Signature

Date Received _____