

Sample Sexual Health Instruction Student Waiver

District _____

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)

Sample HIV Instruction Student Waiver

District _____

HIV Instruction Student Waiver

I have previewed the planned _____ District HIV/AIDS prevention curriculum and request that my student(s) be excused from this activity.

Student Name (Printed)

School

Grade

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)