

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: IHAM-R

HEALTH AND SEX EDUCATION EXEMPTION: OPT-OUT FORM

I, _____ (parent/guardian/18 year old student) request that my child (I), _____ 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 (me) in a class or courses on:

- _____ Comprehensive sex education, including in grades 5-12, instruction on the prevention, transmission, and spread of AIDS.
- _____ Family life instruction, including in grades 5-12, instruction on the prevention, transmission, and spread of AIDS.
- _____ 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. _____

I understand that I am requesting the school to excuse my child (me) from certain units of curriculum that are required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my child (me) may be required to receive alternative learning in health education that is sufficient to enable my child to meet state requirements 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/18 Year Old Student Signature

Administrator Signature

Date Received _____