

Consistent with Policy 2125, student are not required to participate in sexual health education. If you DO NOT wish your child to participate in the sexual health education curriculum, please complete this form and turn it in to your child's teacher.

After reviewing the sexual health education materials, I do not want

\_\_\_\_\_  
Student's Name

to participate in the sexual health education curriculum. I understand that he/she will not be allowed to remain in the classroom while the curriculum is being taught, and that he/she will receive alternative lessons deemed appropriate by the school.

Child's school: \_\_\_\_\_ Grade \_\_\_\_\_

Reason(s) for not participating:

Parent/Guardian Name

(Please Print/Type) \_\_\_\_\_

Signature \_\_\_\_\_ **\*\*Original signature required! Please print and sign.\*\***  
(This notation will not print.)

Date: \_\_\_\_\_