

Student Participation in Health Education Exclusion Form



Parents/Guardians please complete the entire form and return to your child's classroom or Health/PE Teacher prior to health instruction after you have previewed the curriculum. (One form per child).

According to state law and district policy*, a parent or legal guardian may excuse their child from participating in any, or all, classes related to sex education **after they have previewed the curriculum.**

Unless this form is completed and returned prior to the health instruction, we assume that you give your consent to allow your child to participate in HIV/AIDS and sexual health education.

Please check all that applies:

I have attended a public review of the district sex education curriculum.

I have **NOT** attended a public review of the district sex education but **have previewed** the curriculum.

My child may not attend, or participate in, the HIV/AIDS prevention and sexual health education this year. I understand that my child may only be excluded after I have previewed the materials. Please provide my child with an alternate assignment during this course. I understand that my child will not be penalized for not attending this class.

Please exclude my child from the following lessons:

Name of Student:

School:

Grade:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

Staff: Please copy this form for your records and send the original to Instruction Department.

*[Washington State Healthy Youth Act](#) and SLSD procedures [2125](#) and [2169](#).