



Sexual Education Opt Out Policy

(Exemption Request Form for Standards That Address Sexuality Performance Standards)

Student's name: _____

Last, First, M.I.

Current grade: _____ Birth date: _____ Home phone: _____ Work phone: _____

Cell phone: _____ Parent's name: _____

Last, First, M.I.

Home address: _____

Street, City, Zip

I do not want the student listed above to participate in instruction for the sexuality performance standards of the health education curriculum. I understand that the student will receive an alternative assignment to the instruction selected by the school.

Parent/Guardian Signature

Date