



**REQUEST TO EXCUSE STUDENT FROM HIV PREVENTION EDUCATION
AND/OR COMPREHENSIVE SEXUAL EDUCATION INSTRUCTION**

I have attended the school's/district's presentation of the Comprehensive Sexual Health Education instruction including HIV prevention education program for my child's (or legal ward's) grade level. (Check all that apply below)

I object to the participation of my child (or legal ward) in the HIV prevention education program and request that he/she be excused from participation in the _____ grade presentation.

I object to the participation of my child (or legal ward) in the Comprehensive Sexual Health education program and request that he/she be excused from participation in the _____ grade presentation.

I object to the participation of my child (or legal ward) in the Comprehensive Sexual Health education program and request that he/she be excused from participation in the _____ grade presentation for the following parts of the curriculum: (please write specific topics below)

Child's School

Name of Child/Legal Ward

Signature of Parent/Legal Guardian

After completing, please email this signed Opt out form directly to your child's teacher so that necessary accommodations can be made. Please mail the original to your child's school.