

## **Parent Opt-Out Request Form**

I have previewed the planned curriculum and request that my student(s) be excused from this activity.

Please mark all that apply below.

\_\_\_\_\_ HIV/AIDS Instruction

\_\_\_\_\_ Human Growth and Development Instruction

\_\_\_\_\_ Other \_\_\_\_\_

**Student Name (Printed)**

**School**

**Current Grade**

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**Parent/Guardian Name (Printed)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_