

**BLOOMFIELD PUBLIC SCHOOLS**  
**Bloomfield, Connecticut**

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*Administrative Regulations*

**R6144.1(a)**

**Instruction**

**Exemption From Instruction**

Request for Exemption Forms

**Religious Exemption Request**

I, \_\_\_\_\_ [Parent/Guardian Name], request that my child, \_\_\_\_\_ [Student Name], be exempted from instruction in the following area(s) due to conflict with our religious beliefs and teachings:

- Substance Abuse Education
- HIV/AIDS Instruction
- Family Life and Sex Education Instruction
- Sexual Abuse and Assault Awareness and Prevention Program
- Other: \_\_\_\_\_

I understand that my child will be provided an alternate assignment during the exempt instruction.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Exemption Request**

I, \_\_\_\_\_ [Parent/Guardian Name], request that my child, \_\_\_\_\_ [Student Name], be exempted from participation in the following physical education instruction due to a medical condition:

- Physical Education Class
- Dissection of Animals

I have attached a statement from \_\_\_\_\_ [Student Name]'s physician stating the reason for their inability to participate.

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*Administrative Regulations*

**R6144.1(b)**

**Instruction**

**Exemption From Instruction**

I understand that my child will be provided an alternate assignment during the exempt instruction.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Exemption Request**

I, \_\_\_\_\_ [Parent/Guardian Name], request that my child, \_\_\_\_\_  
[Student Name], be exempted from the following instruction:

- Bilingual Education Program
- Dissection of Animals
- Family Life and Sex Education Instruction
- Sexual Abuse and Assault Awareness and Prevention Program
- Other: \_\_\_\_\_

I understand that my child will be provided an alternate assignment during the exempt instruction.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_