

**Reproductive Health Curriculum
Including Sexually Transmitted Infections (HIV/AIDS)
Parent Request to Exclude Student from Instruction**

- ☐ My child may be included in this instruction. (No need to return this form to school).
- ☐ My child will be “opted out” of the instruction only for the outlined instruction on the attachment.
- ☐ My child will be “opted out” of the instruction outlined on the attachment and all future sexuality education/HIV instruction until I further notify the principal of my child’s school.

Student Name: _____

Grade: _____ Building: _____

Parent Signature: _____

Date: _____