

Request to Excuse Student from HIV/AIDS Prevention Education (KNOW) and/or the Family Life and Sexual Health Unit (F.L.A.S.H.)

Family Waiver Request to Excuse Student from HIV/AIDS Prevention Education (KNOW) and/or the Family Life and Sexual Health Unit (F.L.A.S.H.)

I have previewed the materials for the Family Life and Sexual Health (FLASH) and HIV/AIDS Prevention Education (KNOW). I understand that I can opt my student out of participation for FLASH and/or KNOW in their entirety (the whole unit), or out of specific lessons in either curriculum.

- I do not want my child to participate in the ***Family Life and Sexual Health (reproduction/puberty)*** for the ____ grade program and request that they be excused from participation in the WHOLE program. I understand that they will be provided alternate assignments to complete.

OR

- I do not want my child to participate in a PORTION of the ***Family Life and Sexual Health (reproduction/puberty)*** unit for the ____ grade program. I am requesting that they be excused from participation in the following lesson(s): _____ . I understand that they will be provided alternate assignments to complete.

Print Full Name of Child (legal name as shown in Skyward)

School

Signature of Parent / Guardian

Date

I have previewed the materials for HIV/AIDS Prevention Education (KNOW) and Family Life and Sexual Health (FLASH). I understand that I can opt my student out of participation for FLASH and/or KNOW in their entirety (the whole unit), or out of specific lessons in either curriculum.

- I do not want my child to participate in the ***HIV/AIDS Prevention Education Program*** for the ____ grade program and request that they be excused from participation in the WHOLE program. I understand that they will be provided alternate assignments to complete.

OR

- I do not want my child to participate in a PORTION of the ***HIV/AIDS Prevention Education Program*** for the ____ grade program. I am requesting that they be excused from participation in the following lesson(s): _____ . I understand that they will be provided alternate assignments to complete.

Print Full Name of Child (legal name as shown in Skyward)

School

Signature of Parent / Guardian

Date

Please send/email completed paperwork to your child's school office for processing.

For School Office Use Only: When a family returns this signed form to the school office, please make a copy and give to the HIV/AIDS/Family Life and Sexual Health instructor so they are aware to exclude student from participating in class at time of training, and please send original to: Patty Schultz, Student Learning Department, ESC. Questions? Contact Patty at ext. 7147. Thank you!

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