IHAM

HEALTH EDUCATION EXEMPTION FROM INSTRUCTION: OPT-OUT FORM

I,		[Nameof Parent/Gardian]		
request that my child from participating the following the	llowing topic/unit of health ed		ame of Studentbe excused echoral/religiousobjections.	
Topic/Unit:				
School Information:				
School Year	Name of School	Grade	Class	
requived by state itew.td for state requirements for he	a cterie:e uarhtebernya3:i1/(e) l=0a(rn) in9g(in0	ລີ ແ ກ ່)t1 2 (ໄນ)d2tion .thatois erstand that thoistoept emp	units of curriculum that may be (\$]Jfftleite2t1ttone(nla)efte2th(ce)ni7cl-1 otion is only valid for the school	2.méé ;1.8 (r-)-1
Parent/Guardian Signature		Date		
Rationale:				
Administrator Signature		Date		
	ou are a student 18 years of Natiame of Parent/Guardiaarea		o apply for the exemption on metheName of Stud40 9.9 (w.	