

IHAM

HEALTH EDUCATION EXEMPTION FROM INSTRUCTION: OPT-OUT FORM

I, _____ [Name of Parent/Guardian]

request that my child _____ [Name of Student] be excused from participating in the following topic/unit of health education instruction based on moral/religious objections.

Topic/Unit: _____

School Information:

School Year	Name of School	Grade	Class

I understand that I am requesting the school to excuse my child from certain units of curriculum that may be required by state law to receive alternative learning (in Department 12 (Health Education) that is sufficient to enable my child to meet state requirements for health education. I further understand that this exemption is only valid for the school year in which it is signed and subsequent waivers may be necessary.

Parent/Guardian Signature Date

Rationale:

Administrator Signature Date

Please check here if you are a student 18 years of age or older and wish to apply for the exemption on own behalf. Leave the Name of Parent/Guardian area blank. Enter your name in the Name of Student area.