

LA CENTER SCHOOL DISTRICT

Sexual Health Instruction Student Waiver

(Policy 2125)

I would like to request that my student(s) be excused from all or part of the district's sexual health instruction.

Student Name (Please print)

School

Grade

Instruction to be waived: All _____ Part _____

If waiving part of the planned instruction, please specify lesson(s):

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____

Date _____