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 ___________________________