Opt-Out Procedure and Form

Parents or guardians (or a student over eighteen years of age) who does not want the student involved in all or some portion of the district's Hu-

man Sexuality and AIDS education classes shall be provided a written copy of

the goals and objectives for the student's appropriate Human Sexuality and

AIDS class. Following review of the curriculum goals on file at the board of

education office, the parent or guardian must complete the district opt-out form

and state the portion(s) of the curriculum in which the student is not to be in-

volved.

Opt-Out Form

Parents or guardians (or students eighteen years of age or older)

may obtain the opt-out request from the principal, completing and signing the

form and returning the form to the principal. The signed form will be kept on

file in the principal's office.

The building principal shall receive a copy of the signed form so

the named student shall be excused from all or a portion of the Human Sexuali-

ty and AIDS classes. Arrangements shall also be made for class reassignment

of the student during the opt-out period.

Annual Request Required

Opt-out requests shall be required annually and are valid only for

the school year in which they are submitted.

Notice of Availability

Public notice of the availability of the Human Sexuality and AIDS

curriculum goals and objectives shall be made by means of newsletters.

Approved: 7/01; 7/06

## NOTE: Remove from book and file with the principals.

## **HUMAN SEXUALITY**

## AND

## AIDS EDUCATION

I,		, parent/guardian of			
	, request that my	child	be removed	from	those
portions of the Human	Sexuality/AIDS instructio	n noted	l below:		
I have had the oppo	rtunity to review the curr	iculum	goals and o	bjecti	ves or
have had the opportunit	y to have them explained	to me	by a school o	officia	1.
Date		of Pare	ent/Guardian		