

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:

<i>School Year</i>	<i>Name of School</i>	<i>Grade</i>	<i>Class</i>
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I understand that I am requesting the school to excuse my child from certain units of curriculum that may be required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my child will be required to receive alternative learning in health education that is sufficient to enable my child to meet state requirements for health education. I further understand that this opt-out exemption is only valid for the school year in which it is signed and subsequent waivers may be necessary.

Parent/Guardian Signature *Date*

Date Form Received by School: _____

Request Approved

Request Denied – If denied, please indicate the rationale in the space below.

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 your own behalf. Leave the *Name of Parent/Guardian* area blank. Enter your name in the *Name of Student* area and your signature in the *Parent/Guardian* signature space.

Date of Birth: _____

Legal Reference:

Legal References Disclaimer: These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

Board Approved: 07/24/2023