

## Exclusion Request Form

### Human Growth and Sexuality – HIV/AIDS Instruction

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Please *initial* below to indicate instruction to be excluded:

\_\_\_\_\_ I request my son/daughter be excluded from the *Human Growth and Sexuality* instruction.

I understand this instruction is one of the components of Monroe Public Schools' comprehensive K-12 Health curriculum. I also understand that the materials and curriculum for this program can be reviewed at Monroe Public Schools' administration office at 200 E Fremont Street.

\_\_\_\_\_ I request my son/daughter be excluded from the *HIV/AIDS* instruction.

As required by state law, I have attended the informational session and/or have reviewed the curriculum prior to initiating this request for exclusion. I will assume the responsibility of informing my son/daughter about HIV/AIDS at home.

I have initialed above as appropriate to indicate the instruction to be excluded. I have read and understand the information and my responsibility regarding exclusion.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

*For District use*

Exclusion from HIV/AIDS Instruction

Review by: \_\_\_\_\_

Student Services  
360-804-2600

\_\_\_\_\_  
Date