



SEATTLE PUBLIC SCHOOLS
HIV / AIDS Education

Student Waiver

I have previewed the planned Seattle School District AIDS curriculum and request that my (student) be excused from this activity.

Student(s)_____	School_____	Grade_____
_____	School_____	Grade_____
_____	School_____	Grade_____

Parent/Guardian
Signature_____ Date_____

Parent/Guardian: Return form to your student's teacher

Staff: Please copy this form for your records and *send the original* to: Helen Walsh 31 -524