



SEATTLE PUBLIC SCHOOLS

Sexual Health Education Student Waiver

I have previewed the sexual health curriculum that Seattle Public Schools administers to meet the Washington State requirement for HIV/AIDS education, and request that my student(s) be excused from this activity.

School _____

Student	Grade	Excused Lesson(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date _____

Parent/Guardian: Please return this form to your school's main office

Staff: Send a copy of this form to Lisa Love at llove@seattleschools.org or MS 31-524