

**HEALTH EDUCATION EXEMPTION: OPT-OUT FORM**

I, \_\_\_\_\_ (parent/guardian) request that my child, \_\_\_\_\_ be excused from participating in certain units of health education instruction.

I request that the District waive the class attendance of my child in a class or courses on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify the grade level, class, and building. \_\_\_\_\_  
\_\_\_\_\_.

I understand that I am requesting the school to excuse my child from certain units of curriculum that are required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my child may 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

\_\_\_\_\_  
Administrator Signature

Date Received \_\_\_\_\_

\*This form is exempt from disclosure under the Right-to-Know law, RSA 91-A, RSA 186:11, IX-e\*