Request to Excuse Student from HIV/AIDS Prevention Education
Grades 5-12

Please turn in the signed form to your child’s school principal.

I have attended the school district’s presentation of the HIV/AIDS prevention education program for my child’s (or legal ward’s) grade level.

I object to the participation of my child (or legal ward) in the HIV/AIDS prevention education program and request that he/she be excused from participation.

I understand that the HIV/AIDS epidemic presents a serious threat to the general population, particularly to youth, and that resources are available for me to present to my son/daughter at home.

_____________________________________________________________________________
Signature of parent/legal guardian                                                                              Date

_____________________________________________________________________________
Name of child/Legal ward

_____________________________________________________________________________
School of attendance                                                                              Grade