



MILL A SCHOOL DISTRICT

1142 Jessup Road. Cook, WA 98605 • (509) 538-2522 • fax (509) 538-2181



HIV/AIDS and Sexual Health Education Opt Out Form

As parent/guardian of the student(s) named below, I am excusing them from all or part of the HIV/AIDS and/or sexual health instruction provided by the Mill A School District.

Student(s) Name (Printed)

Grade

_____	_____
_____	_____
_____	_____
_____	_____

Instruction to be waived: All _____ HIV/AIDS _____ Sexual Health _____

By signing below, I attest that in compliance with district policy 2125 & 2126, have attended a district presentation or reviewed the district curriculum on HIV/AIDS prevention and/or Sexual Health education.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

Please return this form to the school office.