

Student Name: _____

Grade: _____

Parent/Guardian Name: _____

Phone #: _____

Please list the curricular objective(s) from which you wish to have your child excused and the class or grade in which each is taught. An example is provided for you to follow.

| | <u>Objective</u> | <u>Class / Grade</u> |
|-----|---|-----------------------------|
| Ex. | <i>To understand the consequences of responsible and irresponsible sexual behavior.</i> | <i>Health Education / 6</i> |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

I have reviewed the Human Growth and Development program goals, objectives, and materials and wish my child to be excused from class when these objectives are taught. I understand my child will incur no penalty but may/will be required to complete an alternative assignment that relates to the class and is consistent with assignments required of all students in the class.

Signed: _____
(Parent or Guardian)

Date: _____

Signed: _____
(School Administrator)

Date: _____

Approved: 2/24/14

Reviewed: 2/26/18; 1/22/24