

Columbia School District #206
Sexual Health Education Student Waiver

I would like to request that my student(s) be excused from all or part of the district's sexual health instruction.

Student Name:

Please circle which grade level opting out of

(may select more than one):

K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Instruction to be waived: All _____ Part _____

If waiving part of the planned instruction, please specify lesson(s):

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

-Please return this form to your student's teacher or school office-