

Sex Education Opt-Out

Date

School Name

Address

City State Zip Code

District

Student's Name

Last Name

First Name

Initial

Parent's Name

Last Name

First Name

Initial

I am opting my child out of the following comprehensive sexual health topics (Minimum of 2):

Introduction, Values Clarification, Parent Communication and Resources	<input type="checkbox"/>
Sexual and Reproductive Anatomy	<input type="checkbox"/>
Gender and Sexual Identities	<input type="checkbox"/>
Not Having Sex: Abstinence	<input type="checkbox"/>
Birth Control	<input type="checkbox"/>
Pregnancy Options	<input type="checkbox"/>
Sexually Transmitted Infections	<input type="checkbox"/>
Relationships	<input type="checkbox"/>
Body Image and the Media	<input type="checkbox"/>
Sexual Violence Prevention	<input type="checkbox"/>
Communication and Decision Making	<input type="checkbox"/>
Review	<input type="checkbox"/>

Parent's Signature

Date