

K/1 Health - Bodies Lesson - Opt Out Form

Please return this form to your student's classroom teacher by the date written on the notification letter.

I, _____ (parent/guardian) request that my child, _____ be excused from participating in certain units of health or sex education instruction or that I object to the course material to be used in the 1 lesson on Body Safety. Information can be found at: <https://sites.google.com/kearsarge.org/cwilliams/home>. I request that the School waive class attendance for my child related to the lessons listed below:

Please identify the grade level, class (teacher name), and building:

I understand that I am requesting the school to excuse my child from certain units of curriculum or specific course materials that are required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my child may be required to receive alternative learning in health education that is sufficient to enable my child to meet state requirements for health education. I understand that I may be responsible for the additional costs of the alternative course material. I further understand that this opt-out exemption is only valid for the school year in which it is signed and subsequent waivers may be necessary.

Parent/Guardian Signature: _____

Administrator Signature: _____

Date Received _____

*See RSA 186:11, IX-e (as amended in 2017). This form is exempt from disclosure under the Right-to-Know law, RSA Chapter 91-A. RSA 186:11, IX-e. See RSA 186:11, IX-e (as amended in 2017).