

Request for Non-Participation in HIV/AIDS Lessons

(This request must be submitted on an annual basis.)

I have previewed the HIV/AIDS curriculum and am requesting that my child not participate in the lessons.

Parent's Signature

Date

Student: _____

School: _____

Grade: _____

Please check specific activities your student would like to participate in while the HIV/AIDS lessons are being presented:

- Stay in the office and work on homework
- Assist in the library
- Work in the computer lab:
- Other: _____

Please return this form to:

Lynden School District
1203 Bradley Rd.
Lynden, WA 98264

Phone: (360) 354-4443
Fax: (360) 354-7662

- Original to District Office
- Copy to the Principal
- Copy to the Teacher
- Copy to the District Nurse