

LYNDEN SCHOOL DISTRICT
Request to Exclude a Student from
HIV/AIDS Prevention Education (Opt-Out) Form

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

I, the undersigned parent/guardian of: _____, have previewed the HIV/AIDS curriculum and am requesting that my child not participate in this lesson. **This form must be completed and returned on or before March 22, 2024.**

Parent/Guardian Name:	Date:
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Name of Student	
Name of Parent/Guardian	
Name of Teacher	

Check your child's school below:

Bernice Vossbeck Elementary	Fisher Elementary	Isom Elementary
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While the HIV/AIDS lesson is being presented your child will stay in their school office and work on homework. **Parent/Guardian please return completed Opt-Out form by March 22, 2024:**

to your child's school office

School Office - Internal Checklist:

- ___ Copy to District Office
- ___ Copy to School Principal
- ___ Copy to Teacher
- ___ Copy to District Nurse
- ___ Copy to Student's Cumulative Record