

LYNDEN SCHOOL DISTRICT
Request to Exclude a Student from
Human Growth & Development Education (Opt-Out) Form

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

I, the undersigned parent/guardian of: _____, am requesting that my child not participate in this lesson. **This form must be completed and returned to your school office prior to instruction.**

Parent/Guardian Name:	Date:
-----------------------	-------

Name of Student	
Name of Parent/Guardian	
Name of Teacher	

Check your child's school below:

Bernice Vossbeck Elementary	Fisher Elementary	Isom Elementary
-----------------------------	-------------------	-----------------

While the Human Growth & Development lesson is being presented your child will stay in their school office and work on homework.

Parent/Guardian please return completed Opt-Out form prior to instruction to your child's school office.

Office Secretary - Internal Checklist:

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