

**SECONDARY HEALTH CURRICULUM
OPT-OUT FORM**

Kenai Peninsula Borough School District

Student's Name	Grade
School	Health Teacher

In accordance with administrative procedure for opting-out of controversial issues taught in the KPBSD health curriculum, I request that my student, named above, be excluded from the entire middle school/high school health curriculum or the following topic of the health curriculum.

I understand that if my son/daughter is excluded from class instruction on a selected topic, he/she will be held responsible for the material presented during that lesson and will be tested over that material. I accept responsibility for providing supervision for my son/daughter during the instructional time the student is not in class and providing instruction on the material missed.

(If your son/daughter is going to miss more than three days of instruction due to controversial issues, he/she should opt-out of the whole class and take the class through correspondence.)

Reason for Request: _____

Whole Course:

Unit/Topic: _____

Parent's Signature	Phone Number	Date
Principal's Signature		Date

pc: Health Teacher
School File
Parent
Director of Curriculum/Staff Development