

## SECONDARY HEALTH CURRICULUM OPT-OUT FORM

Kenai Peninsula Borough School District

\_\_\_\_\_

Student's Name Grade

\_\_\_\_\_

School Health Teacher

Parents may choose to opt their child out of specific topics or the entire curriculum. This form should be returned to the principal no later than three weeks after the start of the semester.

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

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

*Revised 6/13*