

Meridian School District
Sexual Health Instruction Student Waiver



Sexual Health Instruction Student Waiver

I would like to request that my student(s) be excused from all or part of the district's sexual health instruction.

Student Name (Printed) _____ **School** _____ **Grade** _____

Instruction to be waived: All _____ Part _____

If waiving part of the planned instruction, please specify lesson(s):

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian: Return form to your school office

Staff: Please keep a copy of this form for your records and *send the original* to the District Office, 214 W. Laurel Road, Bellingham, WA 98226.