

MERRIMACK SCHOOL DISTRICT School Administrative Unit #26 36 McElwain Street Merrimack, New Hampshire 03054 Tel. (603) 424-6200 Fax (603) 424-6229

AMANDA S. DOYLE Assistant Superintendent for Curriculum **EVERETT V. OLSEN JR.** *Chief Educational Officer* MATTHEW D. SHEVENELL Assistant Superintendent for Business

HEALTH AND SEX EDUCATION EXEMPTION: OPT-OUT FORM

I, ______(parent/guardian) request that my student, ______be excused from participating in certain units of health or sex education instruction based on religious objections as pursuant to Merrimack School Board Policy IHAM and RSA 186:11, IX-b, Health and Sex Education.

I request that the District waive the class attendance of my child in a class or courses on:

[] Comprehensive sex education, including in grades 6-12, instruction on the prevention, transmission, and spread of sexually transmitted diseases (STDs).

[] Family life instruction, including in grades 6-12, instruction on the prevention, transmission, and spread of sexually transmitted diseases (STDs).

[] Instruction on diseases.

[] Recognizing and avoiding sexual abuse.

[] Instruction on donor programs for organ/tissue, blood donor, and transplantation.

Please identify the student's grade level, class, and school building.

I understand that I am requesting the school to excuse my child from certain units of curriculum that are required by state law. I further understand that in lieu of receiving instruction in this unit of health education, my child may be required to receive alternative learning in health education that is sufficient to enable my child to meet state requirements for health education. I further understand that this opt-out exemption is only valid for the school year in which it is signed and subsequent waivers will be necessary if you would like to continue to opt-out of components of Health Education.

Parent/Guardian Signature

Date

Administrator Signature

Date