

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

DR. KATHLEEN SCHOLAND Interim Assistant Superintendent for Curriculum Chief Education Officer

EVERETT V. OLSEN JR.

MATTHEW D. SHEVENELL Assistant Superintendent for Business

HEALTH AND SEX EDUCATION EXEMPTION: OPT-OUT FORM

I, (parent	guardian) request that my student, ed 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 a	attendance of my child in a class or courses on:
[] Comprehensive sex education, includir transmission, and spread of sexually trans	ng in grades 6-12, instruction on the prevention, smitted diseases (STDs).
[] Family life instruction, including in grad and spread of sexually transmitted disease	les 6-12, instruction on the prevention, transmission, es (STDs).
[] Instruction on diseases.	
[] Recognizing and avoiding sexual abuse	e.
[] Instruction on donor programs for organ	n/tissue, blood donor, and transplantation.
Please identify the student's grade level, o	class, and school building.
curriculum that are required by state la instruction in this unit of health education alternative learning in health education requirements for health education. I fur only valid for the school year in which it	chool to excuse my child from certain units of w. I further understand that in lieu of receiving ion, my child may be required to receive that is sufficient to enable my child to meet state of the stand that this opt-out exemption is it is signed and subsequent waivers will be to opt-out of components of Health Education.
Parent/Guardian Signature	Date
Administrator Signature	Date