

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	s attendance of my child in a class or courses on:
[] Comprehensive sex education, include transmission, and spread of sexually transmission.	ding in grades 6-12, instruction on the prevention, nsmitted diseases (STDs).
[] Family life instruction, including in gra and spread of sexually transmitted disea	ades 6-12, instruction on the prevention, transmission, ases (STDs).
[] Instruction on diseases.	
[] Recognizing and avoiding sexual abu	use.
[] Instruction on donor programs for org	gan/tissue, blood donor, and transplantation.
Please identify the student's grade level	, class, and school building.
curriculum that are required by state instruction in this unit of health educated alternative learning in health education requirements for health education. If only valid for the school year in which	school to excuse my child from certain units of law. I further understand that in lieu of receiving ation, my child may be required to receive on that is sufficient to enable my child to meet state further understand that this opt-out exemption is the it is signed and subsequent waivers will be use to opt-out of components of Health Education.
Parent/Guardian Signature	Date
Administrator Signature	Date