



# Winlock School District

401 NE 1st Street Winlock WA 98596

## 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	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 student school office.