



OPT-OUT Notice to School

You do not need to complete this form unless you wish to have your child excluded from one or more lessons of the Michigan Model for Health *Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention* Module. *A list of the lessons and the objectives can be found on our website at: www.lansingschools.net Office of School Culture>Health Resources>High School Sex Ed Notifications.

Name of School: _____

Name of Student: _____

I wish to have my child excluded from the following:

- Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention* lesson (s) _____.
- Entire *Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention* module.

Please return to the school principal.

(Signature of parent/guardian)

(Date)