



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 *Healthy Sexuality Curriculum*.

Name of School: _____

Name of Student: _____

I wish to have my child excluded from the following:

- Healthy Sexuality Lesson (s)* _____.
- Entire *Healthy Sexuality Curriculum* module.

Please return to the health teacher or the school principal.

(Signature of parent/guardian)

(Date)

It is the policy of the Lansing School District that not discriminatory practices based on gender, race, religion, color, age, national origin, disability, height, weight, or any other status covered by federal, state, or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Department of Human Resources at the Lansing School District, 519 W. Kalamazoo Street, Lansing, Michigan 48933 or call (517) 755-2000. P.Bednarz, DASl 10.31.14