Health Curriculum Opt Out Form
Unit 6 - Growth, Development, and Family Life

Student Name: _______________________________ Student Grade: __________

Student’s Teacher: ____________________________

Student’s School: ____________________________

Parent Name(s): ____________________________________________________

Parent Phone Number(s): _____________________________________________

Parent Email Address(es): _____________________________________________

Please read below and select all that apply:

- ❑ I am choosing to opt out of the district adopted health curriculum for Unit 6 and would like my child to be given an alternate activity during the time of instruction for all lessons.
- ❑ I have previewed the curriculum associated with this unit.
- ❑ I have told my student that they will not be participating.

Parent Signature:______________________________________Date:_____________