

EXEMPTION FROM INSTRUCTION AND/OR EVENTS RELATED TO SEXUAL HEALTH AND GENDER IDENTITY THEORY

We wish to thank the school for its commitment in recognizing parents as the first educators of their children.

As a parent I wish to be given advance notice when my child is to be given any instruction in gender identity theory and/or sexual health, so that I may opt my child out.

I would like my child to be exempted without academic penalty from [select any that apply]:

- instruction related to the elementary sexual health education curriculum.
- instruction related to the secondary sexual health education curriculum.
- instruction in gender identity theory in any class, even outside of sexual health class.
- any school events that instruct in sexual health, or that gender is a non-binary construct. Such events include but are not limited to assemblies, readings, library events, walks, exhibitions, T-shirt days, school spirit days, health fairs, excursions etc.

During the exemption period, I would like my child to [select one only]:

- leave the classroom or event and remain in the school under staff supervision. I understand that my child's activities during the exemption period will be at the discretion of the teacher or principal.
- be released into my care or the care of my approved designate.

Child's Last Name

Child's First Name

Parent's Name (PRINT)

Parent's Signature

Grade and Teacher

Date

A copy of this form should be provided to the classroom teacher(s) and the principal of the school.