

Instruction - Class Attendance Waiver Request

To be submitted to the Building Principal

Name of Student:	
Class/Time:	
Teacher:	

I, the undersigned parent/guardian of _____, hereby request that the District waives the class attendance of the above-mentioned student from the comprehensive sex education course and AIDS instruction class.

Signature:	
Name of Parent/Guardian (please print):	
Address:	
Date:	