

**ELEMENTARY HEALTH CURRICULUM  
OPT-OUT FORM  
Kenai Peninsula Borough School District**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

\_\_\_\_\_  
Homeroom Teacher

Parents may choose to opt their child out of specific topics or the entire curriculum. This form should be returned to the principal no later than three weeks after the start of the semester.

In accordance with administrative procedure for opting-out of controversial issues taught in the KPBSD health curriculum, I request that my student, named above, be excluded from the entire elementary health curriculum or the following unit/topic of the health curriculum.

I understand that it is recommended that I cover this information at home, but to do so is not mandatory.

Whole Course:

Unit/Topic: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

cc:   Teacher  
      School File  
      Parent  
      Director of Curriculum/Staff Development