



**STAFFORD BOARD OF EDUCATION  
Curricular Exemption Request Form**

I request that my child be exempted from instruction in the following areas:

Check all that apply:

1. Dissection \_\_\_\_\_
2. Family life education \_\_\_\_\_
  - a. Family planning \_\_\_\_\_
  - b. Human sexuality \_\_\_\_\_
  - c. Parenting \_\_\_\_\_
  - d. Nutrition \_\_\_\_\_
  - e. Emotional, physical, psychological, hygienic, economic and social aspects of family life \_\_\_\_\_
3. HIV/AIDS \_\_\_\_\_
4. Sexual abuse and assault awareness and prevention program \_\_\_\_\_
5. Firearm safety program \_\_\_\_\_

I recognize that teachers may require my child to complete alternative assignments in lieu of the curricular instruction planned in the area of exemption.

This form must be completed annually and returned to the school principal in advance of the instruction to be provided.

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**Or**

\_\_\_\_\_  
Student's Signature (if 18 years of age)

\_\_\_\_\_  
Date