ATTENDANCE WAIVER AIDS PREVENTION EDUCATION

No student shall be required to participate in AIDS prevention education if a parent or guardian of the student objects in writing to such participation.

I do not wish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Name*

a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of School*

to participate in AIDS prevention education.

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*Parent’s or Guardian’s Signature Date*

*(This form should be returned to the office of the principal of the school the student attends.)*