

ROCKY HILL PUBLIC SCHOOLS
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 _____
- 3. HIV/AIDS _____
- 4. Sexual abuse and assault awareness and prevention 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 by _____.
(Date)

Name of Student (Please Print)

Parent's/Guardian's Signature

Date

Or

Student's Signature (if 18 years of age)

Date