



**HIV/AIDS Prevention Education  
PARENT/GUARDIAN OPT-OUT FORM**

As per State law, each year students between grades 5-12 receive an age-appropriate presentation on HIV/AIDS. This presentation provides factual information approved by the Washington State Department of Health and Arlington Public Schools.

Consistent with Policy 2126, student are not required to participate in HIV/AIDS prevention education. If you DO NOT wish your child to participate in the HIV/AIDS prevention education curriculum, please complete this form and turn it in to your child's teacher.

After reviewing the HIV/AIDS prevention education materials, I do not want

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

to participate in the HIV/AIDS prevention education curriculum. I understand that he/she will not be allowed to remain in the classroom while the curriculum is being taught, and that he/she will receive alternative lessons deemed appropriate by the school.

Child's school: \_\_\_\_\_ Grade \_\_\_\_\_

Reason(s) for not participating:

Parent/Guardian Name  
(Please Print/Type)

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_