



West Bend Joint School District #1

735 South Main Street
West Bend, WI 53095
www.west-bend.k12.wi.us

Human Growth and Development Opt-Out Request – 4th Grade

Student Information:

PLEASE PRINT ALL INFORMATION

Last Name

First Name

Middle Name

School Attending

Parent/Guardian Information:

Last Name

First Name

Last Name

First Name

Home Phone Number

Cell Phone Number

Email Address

I would like my son/daughter _____ to be exempt from the following topics of instruction (please check them below). Additional detail on the topics can be found on the District's website under Academics > Curriculum > Health.

_____ **Session 1**, will include a review of behaviors needed to stay healthy; sleep, nutrition, personal hygiene, exercise, safety, grooming and self-image.

_____ **Session 2**, the boys and girls will be separated and presented with information on the social, emotional and physical changes which occur as one reaches puberty. They will be learning about the structure and function of the reproductive systems for their own sex.

_____ **Session 3**, the students will be focusing on types of disease and prevention. Information about HIV and AIDS will also be presented.

I understand that my child will receive an alternate assignment(s) to complete and location during the day(s) that the instruction is occurring in the classroom.

Parent Signature _____ Date: _____

This form only needs to be returned if you do NOT want your child to be a part or all of the Human Growth and Development instruction.