



HUMAN SEXUALITY EDUCATION OPT-OUT FORM
Lawrence Public Schools USD 497

School Year: 2021-2022

I (parent/guardian name):

request that my child:

Be removed from those positions of the Human Sexuality instruction noted below:

I had the opportunity to review the curriculum goals and objectives or have had the opportunity to have them explained to me by a school official.

Signature of Parent/Guardian

Date

Date Form Received