

**LYNDEN SCHOOL DISTRICT**  
**Request to Exclude a Student from**  
**Human Growth & Development Education (Opt-Out) Form**

(This request must be submitted on an annual basis.)

I, the undersigned parent/guardian of: \_\_\_\_\_, am requesting that my child not participate in this lesson. **This form must be completed and returned on or before May 27, 2022.**

Parent/Guardian Name:	Date:
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Name of Student	
Name of Parent/Guardian	
Name of Teacher	

Check your child's school below:

Bernice Vossbeck Elementary	Fisher Elementary	Isom Elementary
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While the Human Growth & Development lesson is being presented your child will stay in their school office and work on homework.

**Parent/Guardian please return completed Opt-Out form by May 27, 2022, to:**

**Your Child's School Office**

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Office Secretary - Internal Checklist:

\_\_\_\_ Copy to District Office  
\_\_\_\_ Copy to School Principal  
\_\_\_\_ Copy to Teacher  
\_\_\_\_ Copy to District Nurse  
\_\_\_\_ Copy to Student's Cumulative Record