

**West Linn-Wilsonville School District
Health/Wellness Lesson Opt-Out Form**

If your child will participate in this health instruction, you do NOT need to return this form. If you do NOT want your child to receive instruction in any of these standards, please fill out the form below and return it to your child's teacher. Your child will be given an individualized assignment in place of the instruction. This assignment is expected to be similar in nature, length and depth of the substituted standards. Your child's grade and course credit will not be affected by the choice to do the individualized assignment.

If you are returning this form to exercise your right to substitute your child's experience from classroom instruction to an individualized experience, please sign below. The teacher will contact you to let you know that your child will have an alternative assignment during instruction.

Health/Wellness Alternative Assignment (Opt-Out) Form

STUDENT NAME _____ Grade Level _____

The lesson(s)/topic(s) that I am requesting my child opt out of and receive an alternative assignment for include:

PARENT/GUARDIAN NAME (Please print.) _____

PHONE NUMBER: _____ EMAIL ADDRESS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____