

**Instruction**

**Exhibit - Class Attendance Waiver Request**

*To be submitted to Building Principal*

Name of Student: \_\_\_\_\_

Class/Time: \_\_\_\_\_

Teacher: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_, hereby request that the District waives the class attendance of the above-mentioned student from the comprehensive sex education course and AIDS instruction class.

Signature: \_\_\_\_\_  
Name of Parent/Guardian (please print)

Address: \_\_\_\_\_  
\_\_\_\_\_

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

