



HIV/STD Prevention Curriculum Refusal Documentation Form

Please print the following information:

Student's Name: _____

Parent/Guardian Name: _____

School: _____

Student's Grade Level: _____

☐ As the Parent/Guardian of the above named student, I choose for my child to not participate in the HIV/STD Prevention curriculum.

☐ I have reviewed the overview and curriculum for the _____ grade level

Signature of Parent/Guardian: _____

Date Signed: _____

CVA Teacher: _____

Please send the completed form to your child's teacher. This form is to be filed within the student's cumulative record located in the school building.