

**HEALTH AND FAMILY LIVING**

After conferring with the principal regarding the Health and Family Living Curriculum, I, request that my child, \_\_\_\_\_, not participate in the given course. I prefer that an alternative educational assignment be arranged for my child, with the approval of the principal. I release the Rapid City Area Schools from its responsibility for provision of the required course for the above named child during the school year \_\_\_ -\_\_.

\_\_\_\_\_  
(Signature: parent/guardian)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City, State, Zip)

Received by:

\_\_\_\_\_  
(School Official)

\_\_\_\_\_  
(Title/Position)

\_\_\_\_\_  
(Date)

Reviewed 05/23/16