



WELLNESS CURRICULUM STUDENT EXCLUSION

Use this form **ONLY** if you wish for your child to be excused from a particular section of the wellness curriculum.

STUDENT INFORMATION

NAME:	SCHOOL ATTENDING:	GRADE:
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PLEASE LIST the curriculum standards/activities you wish to have your child excluded from.

WELLNESS TOPIC:	CLASS:
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PLEASE SIGN BELOW

I have reviewed the Wellness Curriculum and request that my child be excused from that portion of the lesson that I listed above. I understand my child will incur no penalty, but will complete an alternative assignment that relates to the class.

PARENT / GUARDIAN SIGNATURE

DATE

PRINCIPAL SIGNATURE

DATE