



REQUEST FOR APPEAL OF CURRICULUM FOR HUMAN SEXUALITY

1. Request initiated by: _____
School _____ Address _____
City _____ Phone _____

2. Request submitted to: Washington County School District Health Coordinator

3. Brief statement explaining the request:

4. What would you like the WCSD to do about this item?

- Do not require my child to use it (Please keep in mind each parent's option to opt their child out of Human Sexuality Curriculum).
- Do not require any child to use it.
- Restrict it to certain grade levels (please specify) _____
- Remove from use.

5. Have you read (or viewed) the entire curriculum? Yes _____ No _____

If not, what parts have you read or viewed?

6. Specify the portion of the curriculum which you question and reasons for your objections.

7. What do you think is the effect of this curriculum on students?

Date submitted _____ Signature _____

NOTE: Please note additional material references or any other pertinent information regarding the request for review and attach them to this page.