TULSA PUBLIC SCHOOLS
HEALTH SERVICES
HIV/AIDS PREVENTION EDUCATION

REQUEST FOR STUDENT EXEMPTION FROM HIV/AIDS CLASSES

_____	_____	_____
Student Name	Grade	School

I hereby request that _____ not be required to take the HIV/AIDS Prevention Education training during the school year 20___ - 20___.

Remarks:

Date _____, 20___.

_____
Parent/Legal Guardian or Person Responsible for Student's Care

_____ _____
Address Phone #

_____
City/State/Zip Code

Site Administrator's Recommendation:

☐ Approved

☐ Not Approved

_____ _____
Signature Date

Director of Health Services' Recommendation:

☐ Approved

☐ Not Approved

_____ _____
Signature Date

DISTRIBUTION: WHITE-Health Services CANARY-Site Administrator PINK-Parent/Legal Guardian or Person Responsible for Student's Care

HD 55B NOV. 2000