

**TULSA PUBLIC SCHOOLS
HEALTH SERVICES
HIV/AIDS PREVENTION EDUCATION**

REQUEST FOR STUDENT EXEMPTION FROM HIV/AIDS CLASSES

Student Name	Grade	School
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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 #
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City/State/Zip Code

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