



**PUYALLUP SCHOOL DISTRICT**  
*A Tradition of Excellence*

*Rick Wells, Director of Health and Fitness*

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**Request to Excuse Student  
From Sexual Health and/or HIV/AIDS  
Education**

**I have attended the Puyallup School District's presentation of the Sexual Health and/or HIV/AIDS education for my student's grade level.**

**I have requested that he/she be excused from participation in his/her classroom.**

Name of Student:			
Student's School:		Grade:	
Today's Date			

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**Signature of Parent/Legal Guardian**

ORIGINAL to: Your Student's School

COPY to: Rick Wells, Director of Health and Fitness (address below)