

**Appendix A**  
**Exemption from Instruction in Human Development and Sexual Health**

Having reviewed the Human Development and Sexual Health expectations in the elementary Ontario Health and Physical Education curriculum for my child's grade, I would like my child to be exempted from instruction related to these expectations, without academic penalty.

**School**

**Grade**

**Student Name**

**Home / Cell Telephone Number**

**I understand and agree with the following statements:**

- the Human Development and Sexual Health expectations in strand D of the health and physical education curriculum are different in every grade, so I must submit a completed exemption form every school year, for each child, in order for the child to be exempted from instruction related to Human Development and Sexual Health expectations in that school year;
- references to or conversations about sexual health-related concepts among teachers, school staff, or other students outside formal instruction in Human Development and Sexual Health are not subject to this exemption;
- my child will continue to receive instruction related to all other elementary health and physical education curriculum expectations;
- requests for exemption made by phone, or exemption forms or written requests that do not have a parental signature, will not be accepted;
- this exemption form must be returned by \_\_\_\_\_ (enter date) for my child to be excluded from instruction related to the Human Development and Sexual Health expectations in strand D of *The Ontario Curriculum: Health and Physical Education, Grades 1-8, 2019*.

**During the exemption period, I would like my child to (select one only):**

- remain in the classroom without taking part in instructional activities related to Human Development and Sexual Health. I understand that my child's activities *unrelated* to Human Development and Sexual Health during the exemption period will be at the discretion of the teacher.
- leave the classroom and remain in the school under staff supervision. I understand that my child's activities during the exemption period will be at the discretion of the teacher or principal.
- be released into my care or the care of my approved designate.

**NOTE:** If one of the three options above is not selected, the principal or the principal's designate will determine where in the school the child is to remain during the exemption period.

**Period of Instruction/Signatures:**

For the 20\_\_ school year, I hereby consent to the above:

Parent Name (please print)	Signature	Date
Principal Name (please print)	Signature	Date