

**Health Non-Participation Form
With Request and Statement of Assurance Regarding
AIDS Prevention Education**

Please return completed form to the building principal.

In accordance with the Commissioner's Regulations, 135.3(b) (2) and (c) (2)

I _____ parent or legal guardian of _____,

hereby request that my son/daughter not participate in instruction concerning the methods of prevention of AIDS. I also hereby assure that my son/daughter will receive such instruction at home.

Date

Signature of Parent or Legal Guardian