

## **Sexuality Education: Request for Exemption**

Student Information				
Student Name (First/Last):				
School:				
Permanent Code:				
Grade Level:				
Parent(s)/Guardian(s) Info	rmation			
	Parent/Guardian 1:	Parent/Guardian 2:		
Name (First/Last):				
Address:				
City, Province, Postal Code:				
Home Phone:				
Cell Phone:				
E-Mail Address:				
Affidavit				
I had a meeting with a School Administrator (Principal and/or Vice Principal) to discuss Sexuality Education and exemption on: (date)				
·	n the following activity or content in the Sexuality Educ	cation Program during the current school year:		
Reason for the Request: Psychological Harm				
☐ The activity or content causes my child psychological harm.				
Professional documentati	on attached confirming the risk of psycholog	gical harm.		



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Reason for the Request: Infringes upon Freedom or Right				
☐ The activity or content infr	ringes upon a fundamental freedo	m or right guaranteed by the	Canadian and Québec	
Specify the fundamental freedom or rig	ht guaranteed by the Canadian and Québ	ec charters:		
Explain how the activity or content cou	uld infringe upon the fundamental freedom	or right guaranteed by the Canadi	an and Québec charters:	
Parent(s)/Guardian(s) Sign	ature			
	verything stated in the present	document is the truth.		
Name:				
Signature:				
Date (DD-MM-YY):				
Commissioner for Oaths S	ignature			
Declared under oath before	me at		. (Name of the	
locality) this	(date)			
Name:				
Signature:				
☐ Commissioner for Oaths f	or Québec	Commissioner numb	per:	
☐ Commissioner for Oaths f	or Québec and for outside Québe	Expiry date:		
Please PRINT SIGN and F	MAIL to your school adminis	trator		
•	ceived before your request ca		lete requests will	
not be processed. FOR ADMINISTRATIVE USE O	ONI Y			
The above request for exe				
□ Denied				
Signature:		Nate:		