

**MERIDEN BOARD OF EDUCATION**  
**Curricular Exemption Request Form**

I request that my child be exempted from instruction in the following areas:

Check all that apply:

- 1. Dissection \_\_\_\_\_
- 2. Family life education \_\_\_\_\_
- 3. HIV/AIDS \_\_\_\_\_
- 4. Sexual abuse and assault awareness and prevention program. \_\_\_\_\_

I recognize that teachers may require my child to complete alternative assignments in lieu of the curricular instruction planned in the area of exemption.

This form must be completed annually and returned to the school principal by \_\_\_\_\_.  
*Date*

\_\_\_\_\_  
Name of Student (Please Print)

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Or** \_\_\_\_\_  
Student's Signature (if 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_