TORRINGTON 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
5. Firearm safety 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