



Student (PRINT): _____

Family Contact Phone No.: _____

Teacher (PRINT): _____ Grade: _____

REQUEST FOR HUMAN DEVELOPMENT & SEXUAL HEALTH (HDSH) CURRICULUM EXEMPTION FORM

Parents/ Guardians may request that their child be exempted from the HDSH lessons using this form.

The York Region District School Board is committed to ensuring an equitable and inclusive learning environment that promotes student achievement and well-being. The Board will adhere to the Ministry requirements that allows for students to be exempted, at the request of their parents, from instruction related to the Human Development and Sexual Health expectations found in Strand D of [The Ontario Curriculum: Health and Physical Education, Grades 1–8, 2019](#).

Please **complete Part 1 and 2 only** and return it to your school administrator/principal:

Part 1: Having reviewed the Human Development and Sexual Health (HDSH) expectations in the elementary Ontario Health and Physical Education (HPE) curriculum for my child's grade, I would like my child to be exempted from instruction related to these expectations, without academic penalty.

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 HDSH. I understand that my child's activities unrelated to HDSH during the exemption period will be at the discretion of the teacher.
- Leave the classroom and remain in the school under staff supervision (with an understanding that the 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.

This exemption form must be returned **at least 5 days prior** to the start of the instructional period for Strand D or _____ [date] for my child to be excluded from instruction and assessment related to the HDSH expectations. Late submission may not be accommodated and decisions regarding supervision will be based upon the safety and well-being of all students.

Part 2: Voluntary Disclosure: Please indicate the reason for your request.

I understand and agree with the following statements below:

- The HDSH expectations in Strand D of the HPE Curriculum are different in every grade, so I must submit a completed exemption form every school year, for each child.
- References to or conversations about sexual health-related concepts among teachers, school staff, or other students outside formal instruction in HDSH are not subject to this exemption.
- My child will continue to receive instruction related to all other elementary health and physical education curriculum expectations.

Parent/Guardian Signature: _____ **Date:** _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR

Part 3: Acknowledgement of Supervision:

- Confirmed: As requested in Part 1
- Alternate Supervision (after consultation with parent/guardian)

Principal/Administrator Signature: _____ Date: _____

Parent/Guardian Signature to acknowledge **Alternate Supervision:** _____