Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

HUMAN DEVELOPMENT AND SEXUAL HEALTH EXPECTATIONS
Exemption from Instruction

ACCESSIBILITY:
To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

If you wish to have your child exempt from instruction in Human Development and Sexual Health as taught in the Fully Alive or Blessed and Beloved Family Life program in the Waterloo Catholic District School Board (WCDSB), please complete this form and return it to the attention of the school principal.

Note:
A letter acknowledging your request will be provided by the school before the start of the period of instruction. For further information, or if you have any concerns, please contact the school principal.

PART A: Completed by Principal

NOTICE OF PERIOD OF INSTRUCTION*

For the 20__ – 20__ school year, the period of instruction related to the Human Development and Sexual Health expectations in your child's grade will start on _____ and end on _____.
start date end date

A copy of the daily schedule for instruction can be provided by the classroom teacher on request.

Please return this signed form no later than: _____
date

PART B: Completed by Parent/Guardian

Having reviewed the Human Development and Sexual Health expectations in the elementary Ontario Health and Physical Education 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 Human Development and Sexual Health. I understand that my child's activities unrelated to Human Development and Sexual Health during the exemption period will be at the discretion of the teacher.

☐ Leave the classroom and remain in the school under staff supervision. I understand that my 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.

Note: If one of the three options above is not selected, the principal or the principals designate will determine where in the school the child is to remain during the exemption period.

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ACKNOWLEDGEMENT

I understand and agree with the following statements:

1. The Human Development and Sexual Health expectations in strand D of the health and physical education curriculum are different in every grade, so I must submit a completed Human Development and Sexual Health Expectations, Exemption from Instruction (Form APO029-01F) every school year, for each child, in order for the child to be exempted from instruction related to Human Development and Sexual Health expectations in that school year.

2. References to, or conversations about, sexual health–related concepts among teachers, school staff, or other students outside formal instruction in Human Development and Sexual Health are not subject to this exemption.

3. My child will continue to receive instruction related to all other elementary health and physical education curriculum expectations.

4. Requests for exemption made by phone, or exemption forms or written requests that do not have a parent/guardian signature, will not be accepted.

5. The completed Human Development and Sexual Health Expectations, Exemption from Instruction (Form APO029-01F) must be returned by (date) _____ for my child to be excluded from instruction related to the Human Development and Sexual Health expectations in strand D of The Ontario Curriculum: Health and Physical Education, Grades 1–8, 2019.

_____	_____
Last Name of Student	First Name of Student
_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian
_____	_____
Student's Grade and Class	Date

Notice of Collection

Personal information on this form is collected under the authority of sections 265(1)(d) and PPM 162 of the Education Act in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used to administer student records. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

Completed by:	Part A: Principal; Part B: Parent/Guardian
Distribution:	Parent/Guardian → Principal → Supt. Faith Formation
Retention:	1. Parent/Guardian; 2. OSR; 3. Supt. Faith Formation (2 years)