

**SHERIDAN COUNTY SCHOOL DISTRICT #2
REQUEST FOR EXEMPTION FROM REQUIRED INSTRUCTION**

(Pursuant to Policy IMBB)

SCHOOL _____ DATE _____

SCHOOL COURSE, SUBJECT, OR ACTIVITY _____

PERSON(S) MAKING REQUEST _____

RELATIONSHIP TO THE STUDENT _____

ADDRESS _____

PHONE NUMBER _____

STUDENT FOR WHOM EXEMPTION IS BEING SOUGHT: _____

STATEMENT OF CONFLICT:

SPECIFIC ASPECTS OF COURSE, SUBJECT, OR ACTIVITY THAT ARE
CONTRARY TO BELIEFS (Reference sources and/or page numbers).

PARENT/GUARDIAN SIGNATURE: _____

(Once the principal has signed and dated the form your child is
then exempt from the required instruction).

PRINCIPAL'S SIGNATURE: _____ DATE: _____

First Reading: 2-5-24

Second Reading: 3-4-24