



## Student Participation in Sexual Health Education

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According to state law and district policy, a parent or legal guardian may excuse their child from participating in any, or all, classes related to sex education after they have previewed the materials. If you do not want your child to participate, you must notify the school in writing.

Unless this form is completed and returned, we assume that you give your consent to allow your child to participate in HIV/AIDS and sexual health education.

Please submit one form per child.

My child may **not attend or participate** in

- a) \_\_\_\_\_ the HIV/AIDS prevention lessons only
- b) \_\_\_\_\_ all of the Family Life and Sexual Health Education lessons (FLASH)
- c) \_\_\_\_\_ only the specific lessons identified below (please identify which lessons)

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Your child will be provided alternative educational experiences during the instructional times you have identified above.

Please complete and sign the section below:

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student's Teacher \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_