

District Request for Parent Consent Regarding Human Sexuality Instruction-Intermediate Human Growth and Development



Note to the administrator: A District must obtain written consent from a student's parent before the student can be provided human sexuality instruction. This request for parental consent must be provided to a parent not later than the 14th day before the date on which the human sexuality instruction begins for a student. This consent request may not be included with any other parental notification or request for written parental consent.

Parents must either submit the consent form below or provide their consent in writing to opt-in their students for human sexuality instruction.

Date: _____

Dear parent or guardian:

In accordance with EHAA(LOCAL), the Clear Creek Independent School District provides human sexuality instruction relating to human growth and development and sexuality to intermediate students through Health and Fitness. As required by law, the District must obtain written consent before a student can be provided instruction relating to human sexuality, including human growth and development and sexuality.

The week of _____, your child is scheduled to receive instruction related to sensitive topics such as puberty and reproduction, pregnancy, sexually transmitted diseases, age of consent, and relationships. Instruction will assist students in recognizing risky behaviors and introduce skills to abstain from them. This instruction is not meant as a replacement for the parent's role in educating their student on these issues.

If we do not receive your signed consent below or other forms of written consent prior to the lesson, your student will not be permitted to participate in the human sexuality instruction relating to human growth and development and sexuality.

If you have any questions, please contact: _____

Please return the completed form below if you consent or do not give consent regarding the instruction for your child relating to human growth and development.



Please initial your choice below:

_____ I GIVE permission for my student to be provided with instruction related to human sexuality instruction related to human growth and development as described above.

_____ I DO NOT GIVE permission for my student to be provided with instruction related to human sexuality instruction related to human growth and development as described above.

Student's name: _____

Parent's or guardian's name: _____

Parent's or guardian's signature: _____

Date: _____

Parent's or guardian's contact information: _____