District Request for Parent Consent Regarding Human Sexuality Instruction

Note to 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 _____ School District provides human sexuality instruction in compliance with law and Board policy. As required by law, the District must obtain written consent before a student can be provided human sexuality instruction.

Your child is scheduled to receive human sexuality instruction on _____ *(insert date).*

If we do not receive your signed consent below or other form of written consent by _____ *(date requested for return, on or before the date of instruction)*, the student will not be permitted to participate in the human sexuality instruction and will be assigned an alternative instructional activity.

For a detailed description of the content of the District's human sexuality instruction, see the District's human sexuality instruction website at https://communityisdorg.finalsite.com/departments/curriculum-and-instruction/academics-in-cisd/parent-consent-forms-hb-1529-and-sb-9.

If you have any questions, please call _____ *(position, for example, campus principal).*

Please return the completed form below if you consent to human sexuality instruction for your child.

I, _____ *(parent or guardian)*, give permission for my child, _____ *(student's name),* to be provided with human sexuality instruction as described above.

Parent's or guardian's name: _____

Parent's or guardian's signature: _____

Date: _____

Parent's or guardian's contact information: _____