

**Foomka Ka-dhaafitaanka ee ka-qaybgalka Ardayga ee Waxbarashada Caafimaadka Galmada**

Marka loo eego sharciga gobolka iyo siyaasadda degmada, waalidka ama mas'uulka sharciga ah ayaa ubadkooda ka cudur daaran kara ka qaybgalka mid ama dhammaan casharrada la xiriira HIV/AIDS iyo waxbarashada caafimaadka galmada ee dhammaystiran. Intaa waxa dheer, waalid kasta ama masuul kasta waxa uu dib u eegi karaa HIV/AIDS-ka iyo manhajka waxbarashada caafimaadka galmada ee dhamaystiran oo lagu barto dugsiga ilmahooda iyaga oo booqanaya [highlineschools.org/FLASH](http://highlineschools.org/FLASH).

Haddii aadan rabin in ilmahaagu ka qaybqaato casharrada waxbarashada caafimaadka galmada iyo HIV/AIDS, waa inaad buuxisaa foomkan oo aad u gudbisaa macalinka ilmahaaga. Fadlan soo gudbi hal foom cunug kasta. Foomkan waa in la soo gudbiyaa sannad dugsiiyeed kasta haddii loo baahdo. Haddii aan foomkan la buuxin oo la soo celin, waxaanu u qaadanaynaa inaad bixisay ogolaanshahaaga si aad ugu ogolaato ilmahaaga inuu ka qaybqaato HIV/AIDS iyo waxbarashada caafimaadka galmada ee dhamaystiran.

Ilmahaygu ma iman karo mana **ka qayb qaadan karo**

1. \_\_\_\_\_ casharrada ka hortagga HIV/AIDS oo keliya
2. \_\_\_\_\_ dhammaan Casharada Waxbarashada Nolasha Qoyska iyo Caafimaadka Galmada (FLASH)
3. \_\_\_\_\_ kaliya casharada gaarka ah ee hoos lagu tilmaamay (fadlan caddee casharada)

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

*Please complete and sign the section below:*

Magaca Ardayga: \_\_\_\_\_ Taariikhda: \_\_\_\_\_

Dugsiga: \_\_\_\_\_ Fasalka: \_\_\_\_\_

Magaca Macalinka Ardayga: \_\_\_\_\_

Magaca Waalidka/Masuulka \_\_\_\_\_

Saxeexa Waalidka/Masuulka: \_\_\_\_\_

Cinwaanka:  
\_\_\_\_\_

Magaalada, Gobolka, ZIP: \_\_\_\_\_

Lambarka Taleefanka: \_\_\_\_\_ iimaylka: \_\_\_\_\_