

District Request for Parent Consent Regarding Human Sexuality Instruction-Elementary 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 to 5th grade students. 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.

The week of _____, your child is scheduled to receive instruction relating to the process of adolescent development, the physical, social, and emotional changes that occur in during puberty and adolescent development, the process of the menstrual cycle (girls only), and the role of hormones in the growth and development of secondary sex characteristics such as body hair growth and voice changes in males.

In CCISD, the campus nurse will present this information to girls and boys in separate rooms, utilizing the video *Just Around the Corner for Girls* and *Just Around the Corner for Boys*. Parents may contact the campus nurse to schedule a time during the school day to preview the video.

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.

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: _____