

## Wimberley ISD Request for Parent Consent Regarding Prevention Training

**Note to administrator:** A District must obtain written consent from a student's parent before the student can be provided instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking. This request for parental consent must be provided to a parent not later than the 14th day before the date on which the instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking begins. This 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 instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking.

Date: \_\_\_\_\_

Dear parent or guardian:

In accordance with EHAA(LOCAL), the Wimberley Independent School District provides instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking. As required by law, the District must obtain written consent before a student can be provided instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking.

Your child is scheduled to receive instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking on \_\_\_\_\_ (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 instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking and will be assigned an alternative instructional activity.

For a detailed description of the content of the District's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking, see the District's website at <https://www.wimberleyisd.net/healthcurriculum>

If you have any questions, please call \_\_\_\_\_, Campus Administrator.

Please return the completed form below if you consent to instruction for your child relating to the prevention of child abuse, family violence, dating violence, and sex trafficking.

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I, \_\_\_\_\_ (parent or guardian), give permission for my child, \_\_\_\_\_ (student's name), to be provided with instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking as described above.

Parent's or guardian's name: \_\_\_\_\_

Parent's or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's or guardian's contact information: \_\_\_\_\_

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**For District's Internal Use Only**

**Must be received by the \_\_\_\_\_ (position, for example, campus principal)**

Date received: \_\_\_\_\_

Received by: (name and position) \_\_\_\_\_