



ONLY RETURN IF STUDENT IS OPTING OUT

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_____ Parents and Guardians:

(School Name)

Tulsa Public Schools will be providing Human Growth and Development education to students in the **5th grade**. This is a one-time educational class taking place on _____.

(Date)

The information provided in this class is medically accurate and will be taught by trained educators here at **Tulsa Public Schools in the Health and Wellness Department**.

The Human Growth and Development education will cover the following information:

- Boundaries and Consent
- Anatomy
- Reproductive System and Biological Processes
- Menstruation
- Puberty and Body Changes
- Wellness and Hygiene

Students will be provided with a hygiene kit that contains shampoo/conditioner, body wash, deodorant, toothpaste, travel toothbrush, and a comb.

The goal of this education is to help young people understand their bodies, learn how to take care of their bodies and know what changes may happen to a person's body during puberty.

Student participation is voluntary and confidential. Whether or not the student participates in Human Growth and Development education is the choice of their parent or guardian. Your student's classroom grade will not be affected if they do not participate in the education. Parents and guardians have the option to opt their student out of this education.

If you have any questions, please contact:

Health Education

Tulsa Public Schools

TPSHealthEducation@tulsaschools.org

For more information, visit:

www.tulsaschools.org/healtheducation

If you **DO NOT** want your child to participate in Human Growth and Development education, please sign and return this form to the school nurse.

My student, _____, **CANNOT** participate in the program.

(Print Student Name)

(Parent/Guardian Signature)

(Date)

(Teacher Name)

(Student ID Number)