Dear Parent(s):

Davidson County Schools provides a comprehensive health education program to all students based upon the standards developed by the North Carolina Department of Public Instruction. During your child's fourth grade year, a portion of this program includes a focus on the onset of puberty.

With your permission, your child will participate in the health and puberty education unit during the fourth quarter of this school year. This unit was developed with a committee of district leaders, educators, parents and health personnel, and can be accessed on our school's website for your review. A hard copy of the unit is available upon request.

Please detach and return the permission slip at the bottom of this letter to your child's teacher.

Please contact me if you have any questions regarding this unit.

Sincerely,

Principal

Name of Student _____

School_____

Teacher Name _____

_____ I give permission for my son/daughter to participate in the Health and Puberty Education unit.

_____ I ***do not*** give permission for my son/daughter to participate in the Health and Puberty Education unit. I agree that my child will complete the unit under my supervision using the materials located on the school website. I understand that while my child's classmates are participating in the Health and Puberty Education lessons, ~~that~~ my child will experience an alternate health lesson in a separate instructional setting. Parents will be provided with a copy of the alternative lessons prior to the start of the unit.

Parent Signature _____