



**Parent Opt-Out Letter
High School**

THIS FORM MUST BE COMPLETED ANNUALLY

Dear Parent/Guardian:

We are pleased to provide the Reproductive Health lessons for high school students. This board-approved curriculum is taught by Health Services team members. The goal of our program is to help the students to become healthy and responsible adults who can deal positively with their mental, physical, and social development. **WE BELIEVE PARENTS ARE THE INITIAL AND FOREMOST EDUCATORS OF THEIR CHILDREN.** The purpose of our curriculum is to supplement your efforts.

During this instruction, the topics below will be discussed. As the parent/guardian, you have the right to opt the student out of the curriculum. Students who have opted out will not participate in the lessons and will be given alternative work in a separate location.

- Reproductive Systems
- Teen Pregnancy
- Family Planning
- Sexually Transmitted Diseases
- HIV/AIDS
- Teen Dating Violence and Abuse

To review the content, please visit <https://www.lwcharterschools.com/healthcurriculum>. If you have any questions or want more information regarding the curriculum content, please contact Marcia Rose, RN Health Services Director, at (863) 456-4484.

If you would like to opt your child out of this curriculum, please complete and return this form to your child's school.

Student's Name _____ **Date of Birth** _____

School: _____ **Grade:** _____

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE REPRODUCTIVE HEALTH LESSONS.

Parent/Guardian Signature

Date