



Middle School Parent Opt-In or Opt-Out Letter

THIS FORM MUST BE COMPLETED ANNUALLY. Date of Lessons: Wednesday, May 21st.

Dear Parent/Guardian:

We are pleased to provide the Reproductive Health lessons for middle school students. This Florida Department of Education-approved curriculum is taught by Health Services team members. The goal of our program is to help the students 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 in or 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.

6th Grade Lessons	7th Grade Lessons	8th Grade Lessons
Becoming a Grown Up (Puberty/Girls & Puberty/Boys) (2-part lesson)	Male and Female Reproductive Systems	Male and Female Reproductive System (Review)
Fetal Growth & Development (Fertilization Lesson)	Sexually Transmitted Diseases, including HIV/AIDS (2-part lesson)	Consequences of Teen Pregnancy
The Body Fights Disease (HIV)		Sexually Transmitted Disease, including HIV/AIDS
		Teen Dating Violence and Abuse
		Human Trafficking

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

Please specify if you will be opting your child in or out of this curriculum. Please complete and return this form to your child's school no later than Tuesday, May 20th. Any student who has not turned in a form will not participate in the lessons.

Student's Name _____ Date of Birth _____

School: **Bok Academy South** Grade: _____ Gender: _____

- ☐ I **DO NOT** WISH TO HAVE MY CHILD PARTICIPATE IN THE FLDOE APPROVED HEALTH LESSONS.
- ☐ I **DO WISH** TO HAVE MY CHILD PARTICIPATE IN THE FLDOE APPROVED HEALTH LESSONS.

Parent/Guardian Signature and Printed Name

Date