

GADSDEN COUNTY SCHOOL DISTRICT



Exemption form (for all grades/K-12): Teaching of Reproductive Health and Diseases (including HIV/AIDS)

Florida Statute 1003.42 requires instruction in Human Sexuality Education as part of a Comprehensive Health Education Program. The School Board of Gadsden County, Florida, has authorized the teaching of Family Life/Human Sexuality and HIV/AIDS Prevention as a component of Health Education.

Gadsden County Public Schools respects the rights of parents and their role in the education of their children. With that, Florida Statute 1003.42 allows parents to excuse their children from such curriculum, in writing.

Florida Statutes (1003.42, Public K-12 Education): *“Any student whose parent makes written request to the school principal shall be exempted from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment. A student so exempted may not be penalized by reason of that exemption. Course descriptions for comprehensive health education shall not interfere with the local determination of appropriate curriculum which reflects local values and concerns.”*

The aforementioned curriculum will be presented by District-trained teachers selected by your school’s principal and may include presentations from District-approved experts in the field of sexually transmitted infection prevention as a supplemental resource.

**Only if you wish for your child to be excused from attending this course, should you complete the form below and return it to the school that your child will attend. Your child will be scheduled an alternative assignment during the reproductive health and disease lessons.

Note: Only if you wish to have your child excused from this course, should this form be completed and submitted to the school on an annual basis, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year. Failure to return this form to your child’s principal constitutes permission for your child to participate in the reproductive health and disease curriculum.

___ **I DO NOT** want my child to participate in any of the reproductive health and disease education lessons.

School: _____ Grade: _____

Student Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Name (Signature): _____

Date: _____