**[Opt-In Parent Permission Template]**

**\_\_\_\_\_\_[Date]\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian,

**\_\_\_\_\_\_ [Site/School]\_\_\_\_\_\_\_\_\_\_** will begin teaching **\_\_\_\_[Curriculum Name]\_\_\_\_ ,** a human sexuality curriculum, to[**Grade/Age**] students for the **\_\_\_[Length of the Curriculum e.g., 2021-2015 school year]**. School administrators selected this curriculum due to its age-appropriate, medical-based content and its information about healthy relationships and promoting abstinence as the healthiest choice to prevent pregnancy and disease transmission. Participating in this human sexuality curriculum may increase students’ ability to communicate their personal boundaries, and choose healthy relationships to prevent dating violence. Participation may also reduce their risk of getting pregnant or getting someone else pregnant and having a sexually transmitted infection.

**\_\_\_[Site/School]\_\_\_\_\_\_\_\_** has an “opt-in” policy where the parent/guardian must sign a permission form to *allow* his/her child to participate in the curriculum. Please indicate below if you do or do not agree for your child to take part in the curriculum.

Please return your signed permission slip to **[Site/Instructor] by [Date/Month/Year] .**

If you would like to review the curriculum, or if you have any questions about the curriculum or its implementation in your school, you may contact **\_\_\_\_[Curriculum Coordinator]\_\_\_\_\_** at **\_\_[Coordinator’s Contact Info]\_\_\_**.

Sincerely,

**\_\_\_[School Staff]\_\_\_**

**Parent Permission Slip to Participate in** \_\_\_\_\_**[Curriculum Name]**\_\_\_\_\_

I **do** give permission for my child to participate in the human sexuality curriculum.

I **do not** give permission for my child to participate in the human sexuality curriculum.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Opt-Out Parent Permission Template]**

\_\_\_\_\_\_**[Date]**\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

\_\_\_\_\_\_ **[Site/School]**\_\_\_\_\_\_\_\_\_\_ will begin teaching \_\_\_\_**[Curriculum Name]**\_\_\_\_ **,** a human sexuality curriculum, to**[Grade/Age]**\_ students for the \_\_\_**[Length of the Curriculum e.g., 2021-2022 school year]**. School administrators selected this curriculum due to its age-appropriate content, its medical-based content and its information about healthy relationships and promoting abstinence as the healthiest choice to prevent pregnancy and disease transmission. Participating in this human sexuality curriculum may also reduce their risk of getting themselves or someone else pregnant and having a sexually transmitted infection. It can also increase their ability to communicate their boundaries, and choose healthy relationships to prevent dating violence.

\_\_\_\_ **[Site/School]**\_\_\_\_\_\_\_\_ has an “opt-out” policy whereby the parent/guardian must sign a permission form to *withdraw* his/her child from participating in the curriculum. If you do **not** wish your child to participate in the curriculum, please sign the form below and return it to the teacher. Your child will receive alternate lessons/activities to complete during that class time. If you do not sign the form, your child will receive the curriculum.

Please return your signed permission slip to **[Site/Instructor] by [Date/Month/Year] .**

If you have any questions about the curriculum or its implementation in your school, you may contact \_\_\_\_**[Curriculum Coordinator]**\_\_\_\_\_ at \_\_**[Coordinator’s Contact Info]**\_\_\_.

Sincerely,

\_\_\_**[School Staff]**\_\_\_

**Parent Permission Slip to Withdraw from** \_\_\_\_\_**[Curriculum Name]**\_\_\_\_\_

I have been notified about the human sexuality curriculum that will be implemented in my child’s class and hereby withdraw my child from participating in the class curriculum. I understand that he/she will receive an alternative activity.

Are you choosing to **opt-out** of the human sexuality curriculum instruction? Check one answer:  Yes  No

If yes, continue to fill out the information below to opt-out.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_