Sex Education Parent Permission Form – Middle School

Dear DeSana Middle School Parent/Guardian:

In accordance with state mandate 160-4-2-.12 and O.C.G.A. 20-02-0143, the Forsyth County Board of Education will provide instruction in the area of sex education, including HIV/AIDS, to all students in grades 6, 7, and 8 as a part of a comprehensive health program.

The Sex Education Advisory Committee for Forsyth County Schools selected and approved curriculum to cover the health standards for sex education, taught during the health course.

The Forsyth County Board of Education recognizes the sensitive nature of these health-related topics and provides parents the opportunity to review curriculum and to exempt students from the sex education unit of the state-required health course. Parents may review the curriculum at any time. Parents should contact their child’s health education teacher to make this request.

Parents who do not wish their child to receive sex education may indicate their wishes below and request to remove their child from the health course at the time that the sex education unit is being taught. Students will not be allowed to exempt themselves from the sex education unit without parental consent. Students who are removed from class for this purpose will be given an alternative health-related assignment that will cover the time missed from class, and they will not be tested in the area of sex education. Exempted students will return to health class at the culmination of the sex education unit of study.

Please complete all sections of the parent permission form. Return the form to your child’s teacher as soon as possible

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial in accordance with your wishes:

\_\_\_\_\_\_\_ I have read the information above and **give my child permission** to participate in thesex education unit of study as a portion of health education in accordance with state mandate 160-4-2-.12 and O.C.G.A. 20-02-0143.

\_\_\_\_\_\_\_ I have read the information above and **do not give my child permission** to participate in thesex education unit of study as a portion of health education in accordance with state mandate 160-4-2-.12 and O.C.G.A. 20-02-0143.

Parent Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_