



Family Life and Sexual Living

OPT-OUT LETTER

Dear Parent/Guardian:

Erie's Public Schools will instruct a comprehensive sexual health program to all health students. The "**All About Life**" curriculum (K – 3) is to prepare our young students to care about themselves, their families and their community. The FLASH curriculum is designed to support young people in making healthy choices: abstain from sex, use protection when they do have sex, seek health care when they need it, communicate effectively with their families, and respect others' decisions not to have sex. We recognize parents/guardians as the primary educators of their children. We encourage students to share with their parents/guardians what we discuss in these classes. If you have any questions or concerns, or would like to review the resources for both programs, please contact Pamela Wiley, Health and PE Facilitator, at pwiley@eriesd.org or calling 874-6300.

It is understood that permission has been granted for your child to participate in the program with the following understandings (unless you decide to OPT-OUT your child by signing and returning the slip below):

- I understand that my child will be participating in a thorough comprehensive curriculum that teaches them health about human development and reproduction
- I understand that my child will develop skills of respect and appreciate themselves, their families, and all persons.

We look forward to working with you and your child to prepare for a healthy, successful future.

If you **DO NOT** want your son/daughter to participate in this program or a certain lesson, please sign the form below and return it to your child's health and physical education teacher.



OPT-OUT SLIP

Please return this form to your child's health teacher **ONLY** if you **DO NOT** want your child to participate in the "*All About Life*" curriculum or "*FLASH*" curriculum.

I have read the above letter, and I **DO NOT** want my child to participate in this program.

NOTE: (There is no penalty to your child for not attending this health lesson. Provisions will be made for your child to attend another class during these lessons.)

Entire Program _____ or Lesson(s) (please list) _____

Student's Name: _____

Parent/Guardian Signature: **X** _____