PARENT NOTIFICATION LETTER FOR SEXUAL HEALTH EDUCATION

Dear Parent or Guardian:

Throughout the school year your child will receive Sexual Health Education as part of the CPS Sexual Health Education Policy. Depending on your child’s grade level, topics may include:

- Personal Safety
- Human Reproduction and Childbirth
- Puberty
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Contraception and Pregnancy Prevention
- Abstinence
- Healthy Relationships
- Decision Making

You are welcome to contact us Piotr Batorowicz or Luis Zepeda at our emails pbatorowicz@cps.edu and lmzepeda1@cps.edu. We can share the lessons and information we’ll be teaching your child.

The Board acknowledges that parents/guardians are the primary sexuality educators for their child/children and Canty Elementary is committed to partnering with parents/guardians to provide supplementary instruction to students via the sexual health education lessons.

In alignment with Illinois State Code 105 ILCS 110/3 (*No pupil shall be required to take or participate in any class or course on AIDS or family life instruction if his parent or guardian submits written objection thereto, and refusal to take or participate in the course or program shall not be reason for suspension or expulsion of the pupil*), parent/guardians must provide a timely written objection opting their child/children out from participating in any CPS Sexual Health Education course. No student shall be suspended or expelled for refusal to participate in any such course with submitted objection. Your child’s participation in this worthwhile unit of study is voluntary. If you wish to have your child excused from participation, please inform me in writing.

Sincerely,

Piotr Batorowicz- Luis Zepeda
Health/P.E. teachers

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Principal
To Whom This May Concern:

Please check one:

___ I GIVE MY CHILD _____________________________________________ (student’s name)

__________ (grade) ___________ (#homeroom)

permission to participate in the Sexual Health Education classes this 2016-2017 school year offers.

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___ I do NOT give permission for my child _____________________________________________ (student’s name)

__________ (grade) ___________ (#homeroom)

To participate in the Sexual Health Education classes this 2016-17 school year offers. I understand there will be no penalty for opting out of these classes. I also understand that if I have any questions, comments, or concerns, I can reach Mr. Batorowicz and Mr. Zepeda at pbatorowicz@cps.edu and lmzepeda1@cps.edu

Signed:

____________________________________________________________________________
(Legal Parent/Guardian of student) (Date)