Sample letter from Teacher:

Dear Parent or Guardian:

This school year your child will receive sexuality education as part of the (insert school district’s name here) overall health education curriculum.  Topics covered in this year’s curriculum will include:

* Abstinence
* Contraception and Pregnancy Prevention (Optional – a condom demonstration will be included)
* Decision Making
* Healthy Relationships
* HIV/AIDS and Sexually Transmitted Infections (STIs)
* Human Reproduction and Childbirth
* Personal Safety
* Puberty

You are welcome to contact me to preview the lessons we’ll be teaching your student and/or the lessons are also available on the district website here (Insert link if appropriate).

One of the resources we will be utilizing in class are videos from [AMAZE.org.](http://www.amaze.org) AMAZE harnesses the power of digital media to provide young adolescents around the globe with medically accurate, age-appropriate, affirming, and honest sex education they can access directly online—regardless of where they live or what school they attend. AMAZE also strives to assist adults—parents, guardians, educators and health care providers around the globe—to communicate effectively and honestly about sex and sexuality with the children and adolescents in their lives, so you can continue these conversations at home.

The (insert school district name here) acknowledges that parents/guardians are the primary sexuality educators for their child/children and we are committed to partnering with you to provide supplementary resources to support you in this role.

Parents/guardians have the option of excluding their child from any portion of sexuality education instruction if it is in conflict with conscience, moral, or religious beliefs.  If this is the case with your child, please fill out the exclusion form below, tear it off, and send it to your child’s health education teacher.  Students who are excused will be assigned study hall for the period.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Health Teacher   
District Name

I wish for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be excused from this portion of the

sexuality education unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_