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| Dear Parents / Guardian:I wanted to inform you that next week on 12/18/18 we will be discussing sexual activity, STDs, STD prevention, and pregnancy prevention in Health here at Franklin Academy. We will be using the Glencoe Health textbook to be reviewing these topics. I recognize that parents/guardians are the primary educators of their children. I encourage students to share with their parents/guardians what we discuss in the class. If you have any questions or concerns please contact me at grove.amber@franklin-academy.org  **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 lesson about human development and reproduction.
* I understand that my child will be learning about sexually transmitted diseases and prevention.
* I understand that my child will be learning about prevention of pregnancy.

I 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 these lessons, please sign the form below and return it to me.**OPT\_OUT SLIP****Please return this form to your child’s health teacher ONLY if you DO NOT** want your child to participate.**I have read the above letter, and I DO NOT** **want my child to participate in these lessons.****NOTE:** (There is no penalty to your child for not participating in these Health lessons. Provisions will be made for your child to attend another class during these lessons.)**Students Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Franklin Academy5651 Hood RoadPalm Beach Gardens, FL 33418561.348.2525 |