



EMPOWERING LEARNERS FOR 20 YEARS

JCS-Cedar Cove JCS LIVE JCS-Manzanita JCS-Mountain Oaks JCS-Pine Hills JCS-Pine Valley

20__-20__ PARENTAL OPTIONS

(Applicable Only for the Current School Year)

PARENTS: PLEASE READ AND CO YOUR SCHOOL	OMPLETE THE INFORMATION BELOW AND	RETURN IT TO
Student Name:	Date of Birth:	
Address:		_
City:	Zip Code:	_
Telephone No.:	Grade:	_
School:		
<u>Sexua</u>	al Health and HIV/AIDS Prevention Education	
in health education, including con information regarding sexual haras submit a written request to excuse	School District programs or activities may recomprehensive sexual health education and HIV prevention ssment, sexual abuse and human trafficking. Parents or a their child from participation in any class involving comprehension, or from participation in any anonymous, voluntary, a pil health behaviors and risks.	n and including guardians may ehensive sexual
I would like my child excused from: Participation in any anonymous behaviors and risks.	s, voluntary, and confidential test, questionnaire, or survey	on pupil health
All instructional materials are availal Act (California Education Code section	ble for review. You may also request a copy of the California ons 51930–51939).	Healthy Youth
• • • • • • • • • • • • • • • • • • • •	(name of school district personnel/outside consultants). Darticipate in comprehensive sexual health or HIV prevention	n education,

please provide a signed, written note to (insert district name, principal, teacher, etc.) by (insert date here).