



Central Office
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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 COMPLETE THE INFORMATION BELOW AND
YOUR SCHOOL

RETURN IT TO

Student Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Telephone No.: _____ Grade: _____

School: _____

Sexual Health and HIV/AIDS Prevention Education

Students enrolled in _____ School District programs or activities may receive instruction in health education, including comprehensive sexual health education and HIV prevention and including information regarding sexual harassment, sexual abuse and human trafficking. Parents or guardians may submit a written request to excuse their child from participation in any class involving comprehensive sexual education or HIV prevention education, or from participation in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks.

I would like my child **excused** from:

- ☐ Participation in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks.

All instructional materials are available for review. You may also request a copy of the California Healthy Youth Act (California Education Code sections 51930–51939).

This instruction will be provided by (name of school district personnel/outside consultants).

If you do not want your student to participate in comprehensive sexual health or HIV prevention education, please provide a signed, written note to (insert district name, principal, teacher, etc.) by (insert date here).