



**JCS Family**

**Central Office**  
PO Box 2470 Julian, CA 92036  
760-765-5500  
www.jcs-inc.org

## **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 RETURN IT TO YOUR SCHOOL

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).