“Out Out” Parent Request
Hazel Park Schools Parent Request to Excuse Child from Instruction in Human Reproductive Health, HIV/AIDS Prevention Education and/or Personal Body Safety

According to State Law and District Policy, you as a parent/guardian, have the right to:

1) Review curriculum and materials used in instruction in Human Reproductive Health, HIV/AIDS Prevention Education and Personal Body Safety (Sexual Abuse Prevention, Sexual Harassment and Sexting Awareness). If you have any questions regarding the curriculum or would like an opportunity to review materials, please contact Mrs. Blair at (248) 658-5529.

2) Observe the instruction in your child’s classroom for Human Reproductive Health and HIV/AIDS Prevention Education only. Arrangement for observing in the classroom needs to be made in advance with the classroom teacher.

3) “Opt Out” or excuse your child from instruction related to Human Reproductive Health, HIV/AIDS Prevention Education and/or Personal Body Safety without penalty. If you desire to opt your child out of instruction, please complete the information below and return it to the building administrator at your child’s school. It is important to note that if you opt your child out of instruction, they will remain on the “Opted Out” list until you notify the District that you would like them “Opted In.”

Please:
1. Check each grade level session of instruction that you would like your child “Opted Out”
2. Complete the information below and return the form to the building administrator at your child’s school.

___ Personal Body Safety for Kindergarten: “Talking About Touching”
___ Personal Body Safety for 1st Grade: “Talking About Touching”
___ Personal Body Safety for 3rd Grade: “Break the Silence”
___ Personal Body Safety for 5th Grade: “When Should You Tell?”
___ Personal Body Safety for Elementary Special Needs: “Circles”
___ Personal Body Safety for Junior High Special Needs: “Circles”
___ Personal Body Safety for High School Special Needs: “Circles”
___ Human Reproductive Health (Puberty) for 4th Grade: “Just Around the Corner”
___ Human Reproductive Health & HIV/AIDS Prevention Education for 5th Grade: “Puberty”, HIV/AIDS Prevention”
___ Human Reproductive Health & HIV/AIDS Prevention Education for 6th - 12th Grade: “Sex Can Wait”, “HIV/AIDS Prevention”

Child’s Name: ___________________________________________________________ Grade: _______ Date: __________

School: ________________________________________________________________

Parent/Guardian’s Name (please print): ____________________________________________

Parent/Guardian’s Signature: _________________________________________________

Phone number: ________________________________ (please circle: home/cell/work)

Opt Out Form Revised 2018