**Opt-In Parent Permission Form**

**\_\_\_\_\_[Date]\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian,

**\_\_\_\_\_\_ [Site/School]\_\_\_\_\_\_\_\_\_\_** will begin teaching **\_\_\_\_[Curriculum Name]\_\_\_\_ ,** a human sexuality curriculum, to[**Grade/Age**] students for the **\_\_\_[Length of the Curriculum e.g., 2021-2015 school year]**. School administrators selected this curriculum due to its age-appropriate, medical-based content and its information about healthy relationships and promoting abstinence as the healthiest choice to prevent pregnancy and disease transmission. Participating in this human sexuality curriculum may increase students’ ability to communicate their personal boundaries, and choose healthy relationships to prevent dating violence. Participation may also reduce their risk of getting pregnant or getting someone else pregnant and having a sexually transmitted infection.

**\_\_\_[Site/School]\_\_\_\_\_\_\_\_** has an “opt-in” policy where the parent/guardian must sign a permission form to *allow* his/her child to participate in the curriculum. Please indicate below if you do or do not agree for your child to take part in the curriculum.

Please return your signed permission slip to **[Site/Instructor] by [Date/Month/Year] .**

If you would like to review the curriculum, or if you have any questions about the curriculum or its implementation in your school, you may contact **\_\_\_\_[Curriculum Coordinator]\_\_\_\_\_** at **\_\_[Coordinator’s Contact Info]\_\_\_**.

Sincerely,

**\_\_\_[School Staff]\_\_\_**

**Parent Permission Slip to Participate in** \_\_\_\_\_**[Curriculum Name]**\_\_\_\_\_

[ ]  I **do** give permission for my child to participate in the human sexuality curriculum.

[ ]  I **do not** give permission for my child to participate in the human sexuality curriculum.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_