

Unified Arts PE & Health Dr. Betty J. Hill Supervisor

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Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community

Opt-In Parent Permission Form for Sexual Education

Date:

Dear Parent/Guardian,

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 <u>do or do not</u> agree for your child to take part in the curriculum.

Please return your signed permission slip to teacher: by Date:

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 Dr. Don Cain Physical Education and Health Coordinator, at $\frac{dcain7245@columbus.k12.oh.us}{dcain7245@columbus.k12.oh.us}$.

Sincerely,

School Staff:

Parent Permission Slip to Participate in Sexual Education

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:

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.