**Unified Arts**

**PE & Health**

**Dr. Brian Morton**

**Supervisor**

3700 S. High Street

Columbus, OH 43207

380-997-5024

[bmorton6466@columbus.k12.oh.us](mailto:bmorton6466@columbus.k12.oh.us)

*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,

**(SCHOOL)** will begin teaching Venereal Diseases,a human sexuality curriculum, to students in the **(GRADE)** for the 2024-2025 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.

Columbus City Schools adheres to thehas 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 **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 Kristen Schreiber Physical Education and Health Coordinator, at [kschreiber1@columbus.k12.oh.us](mailto:kschreiber1@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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