

## West Bloomfield School District Notification to Parents/Guardians for Sex Education

Dear Parent or Guardian:

We are about to begin teaching sex education with the resource *The Puberty Workshop* in our 4th, 5th and 6th class taught by your child's classroom teacher. This program of instruction was approved by the West Bloomfield School District Board of Education. As a parent, you have several rights:

- You must be notified prior to instruction on sex education and/or HIV/STI prevention.
  - You may preview the curriculum and materials by:
    - Attending the optional Reproductive Health Preview meeting scheduled for Tuesday, March 14th at 7:00 via [Zoom](#) with Amy Quinn, Elementary Curriculum Consultant and SEAB co-facilitator. Please confirm [here](#) if you are coming to this optional video preview session.
    - OR, contacting Amy Quinn at [amy.quinn@wbsd.org](mailto:amy.quinn@wbsd.org).
  - You may view the lessons being taught if you wish. To do so, please contact Amy Quinn.
  - You may excuse your child from this instruction without penalty. If you decide that your child should not participate in some or all the lessons, please complete the Exemption Request below and return it to the classroom teacher.
- .....

### Request to Excuse Child from Instruction

1. If you want your child to participate in the sex education and/or HIV/STI prevention lessons described on the attached list, you do not need to return this form.
2. If you want your child to be excused from some or all the sex education and/or HIV/STI prevention lessons **this year**:

	<ul style="list-style-type: none"><li>● Initial this box.</li><li>● List the lessons on the attached curriculum outline from which your child will be exempted.</li><li>● Complete this form.</li><li>● Return this completed form to the classroom teacher.</li></ul>
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List the lessons you wish your child to be exempted from below:

3. If you want your child to be excused from all the sex education lessons **this school year and each year hereafter**:

	<ul style="list-style-type: none"><li>● Initial this box.</li><li>● Complete this form.</li><li>● Return this completed form to the classroom teacher, with a copy to the building principal</li></ul>
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Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

