



COOPERSTOWN CENTRAL SCHOOL

District Offices, 39 Linden Avenue
Cooperstown, New York 13326-1496

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Dear Parents of New Students:

In September of 1987, the New York State Board of Regents approved regulations requiring school districts in the State to provide appropriate instruction concerning the Acquired Immune Deficiency Syndrome (AIDS) as part of a comprehensive health education program for all pupils in grades K-12.

According to the regulations,

“such instruction shall be designed to provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention; shall stress abstinence as the most appropriate and effective premarital protection against AIDS, and shall be age-appropriate and consistent with community values. No pupil shall be required to receive instruction concerning the methods of prevention of AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil not participate in such instruction, with an assurance that the pupil will receive such instruction at home.”

The Cooperstown Central School District was teaching about all aspects of AIDS, as appropriate, prior to these regulations and will continue to do so. However, the regulations, as noted above, provide for a parent to file a written request that his/her child not participate in the methods of prevention part of this curriculum, as long as the parent assures the school that the pupil will receive such instruction at home.

If you do not wish to have your child participate in the prevention part of the AIDS instruction, please sign the attached form and return it to the main office at the Junior/Senior High School within one week of registering your child. Students whose parents do not complete this form will receive instruction on all aspects of AIDS including prevention.

Thank you in advance.

Sincerely,

A handwritten signature in blue ink that reads "Sarah Spross".

Sarah Spross
Superintendent of Schools

I hereby request that _____, _____ **not** participate
Full Name Grade

in the prevention component of the AIDS instruction. I am aware that all other aspects of AIDS instruction will be taught in school. Further, I assure the school district that my child (listed above) will receive AIDS prevention instruction at home.

Parent or Guardian Signature _____ Date _____

Please return to: Mr. Karl O'Leary, Principal
Cooperstown Junior/Senior High School
39 Linden Avenue
Cooperstown, NY 13326

Note: The School District will provide instructional materials to parents who request such materials.