



Dear Parent/Guardian,

Beginning in 5th grade, students receive yearly instruction in HIV/AIDS, its transmission and its prevention. In addition, Marysville School District's health curriculum includes a unit on Growth and Development. The units are designed to help students understand their changing bodies as they enter puberty.

Grade Level: ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

☐ FLASH Curriculum for Growth and Development will be taught on: _____

☐ HIV/AIDS will be taught on _____

Our District is required to offer parents an opportunity to preview the instructional materials through our district website and/or in person at our Service Center.

If, after viewing the curriculum, you wish to excuse your child from the unit(s), you must file a written request at least seven (7) days prior to the planned instruction. Excused students will be provided with an appropriate alternative educational lesson. According to RCW 28A.230.070, no student may be required to participate in AIDS prevention education if the student's parent/guardian, having attended the district presentation or screened the materials with the Director of Curriculum or designee, objects in writing to the participation.

We are committed to working in partnership with parents/guardians to present these important topics.

Thank you.

Parent / Guardian Opt Out Form (Please return to your child's school.)

OPT-OUTS remain in effect for the current school year only.

If no documentation is on file prior to seven (7) days before the unit begins, it will be assumed that permission has been granted for your child to participate in the HIV/AIDS and Growth and Development units.

Check below if you **DO NOT** want your student to have access to one or more of the following:

_____ Growth and Development _____ HIV/AIDS

Parent/Guardian Name (Please print) _____ School year _____

Parent/Guardian Signature _____ Date _____

In accordance with RCW 28A.230.070, I watched the Parent Information session or reviewed the

HIV/AIDS and Growth and Development materials on: (Date) _____

Student Name _____ School _____ Grade _____

Office Use Only: Date Opt Out Received: _____ Date Teacher Notified: _____