

Human Sexuality and AIDS Education Procedure and Opt-Out Form

IKCA Human Sexuality and AIDS Education

Opt-Out Procedure and Form

A parent or guardian (of student eighteen years of age or older) may use the district opt-out provision to remove the student from some portion or all of human sexuality and AIDS classes included in the district's required curriculum.

Opt-Out Procedure

Following appropriate review of the curriculum goals on file at the board of education office, the parent or guardian must complete the district opt-out form and state the portion (s) of the curriculum in which the student is not to be involved.

Any parent or guardian (or student over eighteen years of age) who does not want the student involved in all or some portion of the Human Sexuality and AIDS education classes of the district shall be provided a written copy of the district goals and objectives for the appropriate Human Sexuality and AIDS class to which the student is assigned. This information may be provided to the parent or guardian upon request prior to opening of school. Notice of availability of the Human Sexuality and AIDS curriculum goals and objectives will be made to the public by means of district communications.

Opt-Out Form

Parents or guardians (or students eighteen years of age or older) may complete the opt-out request by obtaining a copy of the appropriate form from the clerk of the board or principal, completing and signing the form and returning the form to the building principal. The signed form will be kept on file in the principal's office.

The building principal will receive a copy of the signed form so the named student can be excused from all or a portion of the Human Sexuality and AIDS classes. In addition, arrangements shall also be made for class reassignment of the student during the opt-out period.

No parent or guardian (or student eighteen years of age) shall be allowed to make a written opt-out request prior to the opening day of class the year the opt-out request applies. Opt-out requests shall be required annually and are valid only for the school year in which they are submitted.

I have received and read the written copy of the district goals and objectives for the appropriate Human Sexuality and AIDS class to which the student is assigned and I request that my child(ren) be opted out of all or some portion (listed below) of the Human Sexuality and AIDS education classes for the 2015-16 school year. I understand arrangements shall be made for alternative assignments and/or class reassignment during the opt-out period.

Area I wish for my child to opt out: _____

Sincerely, Parent(s)/Guardian(s) names:

Signature

Signature

Signature

Signature

Child(ren): _____

Date