## Sample Parent/Guardian Passive (Opt-Out) Consent Letter

(Print on School Letterhead)

[MONTH, DAY, YEAR]

Dear Parent/Guardian:

This semester, your child will be offered a program titled [NAME OF PROGRAM] at [NAME OF SCHOOL)] as part of their health education class. [NAME OF PROGRAM] is an [NUMBER OF SESSIONS]-session curriculum designed to support young people [GOAL OF PROGRAM – e.g., PREVENT HIV INFECTION]. During the course of the curriculum, students will learn about [SAMPLE OF TOPICS – e.g., ABSTINENCE, CONDOM USE, HEALTHY RELATIONSHIPS, COMMUNICATION SKILLS, ETC.].

[NAME OF PROGRAM] is consistent with [NAME OF DISTRICT] and state health education policies and standards and has been approved by the superintendent and the Board of Education.

You are welcome to review the [NAME OF PROGRAM]. Please contact [NAME OF CONTACT PERSON AND CONTACT INFORMATION], who will set up a time for you to review it. The school will also be holding a curriculum overview meeting on (DATE AND TIME) to allow parents/guardians the opportunity to learn more about the [NAME OF PROGRAM] and review the curriculum.

IF THE PROGRAM INCLUDES HOMEWORK ASSIGNMENTS or OTHER PROCEDURES INVOLVING PARENTS – EXAMPLE:

[NAME OF PROGRAM] includes three take-home discussion assignments for students to complete with their parent, guardian, or other caregiver. The purpose of these assignments is to encourage communication about healthy sexuality and healthy relationships. We hope you will take 15–20 minutes to complete these assignments with your child. The take-home assignments are voluntary and will not be shared in class.

**If you DO NOT want your child to participate in this program, please sign the form below and return it to school by [MONTH, DAY, YEAR]**. If your child does not participate, this will not affect their grade in the course in any way. They will be given alternate assignments. If we do not receive this form, your child will participate in this program.

Sincerely,

[PRINCIPAL NAME]

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I DO NOT WANT my child to participate in the [NAME OF PROGRAM] program.

Child’s name:

Parent/Guardian signature:

Date: