



## Berkley Accelerated Middle School

### Parent Opt-Out Letter

#### Middle School

THIS FORM MUST BE COMPLETED ANNUALLY

Dear Parent/Guardian:

We are pleased to provide the Reproductive Health lessons for middle school students. This board-approved curriculum is taught by Health Services team members. The goal of our program is to help the students to become healthy and responsible adults who can deal positively with their mental, physical, and social development. WE BELIEVE PARENTS ARE THE INITIAL AND FOREMOST EDUCATORS OF THEIR CHILDREN. The purpose of our curriculum is to supplement your efforts.

**During this instruction, the topics below will be discussed. As the parent/guardian, you have the right to opt the student out of the curriculum. Students who have opted out will not participate in the lessons and will be given alternative work in a separate location.**

Sixth Grade	Seventh Grade	Eighth Grade
•Reproductive Systems	•Reproductive Systems	•Reproductive Systems
•Puberty	•Puberty	•Teen Pregnancy
•Hygiene	•Hygiene	•Sexually Transmitted Diseases
•Fertilization and Birth	•Sexually Transmitted Diseases	•HIV/AIDS
•HIV/AIDS	•HIV/AIDS	•Teen Dating Violence and Abuse

To review the curriculum content, please visit the health tab on our website, [www.berkleymiddle.net](http://www.berkleymiddle.net). If you have any questions or want more information regarding the curriculum content, please contact Jill Bolender, Principal, at [jill.bolender@berkleymiddle.net](mailto:jill.bolender@berkleymiddle.net).

If you would like to opt your child out of this curriculum, please complete and return this form to your child's school.

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE REPRODUCTIVE HEALTH LESSONS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date