

[Date]

Dear Parent/Guardian:

[School Name] will begin teaching [curriculum name], a human sexuality curriculum, to [grade/age] students for the [length of curriculum, e.g., 2025-2026 school year]. The board of trustees, together with administrators, selected this curriculum due to its age-appropriate, medically based content and its information about healthy relationships and promoting abstinence as the healthiest choice to prevent pregnancy and disease transmission. Participating in this human sexuality curriculum may increase students' ability to communicate their personal boundaries and choose healthy relationships to prevent dating violence. Participation may also reduce their risk of getting pregnant or getting someone else pregnant and having a sexually transmitted infection.

In accordance with Idaho law, Preston School District has an "opt-in" policy where the parent or legal guardian must sign a permission form to allow his or her child to participate in the curriculum. Please indicate below if you do or do not agree for your child to take part in the curriculum. Should you choose not to have your child participate in the curriculum, the school will provide alternative instruction that furthers the completion of grade-level or graduation requirements and does not address the human sexuality curriculum.

Please return your signed permission slip to [school or instructor] by [date, which must be at least one week prior to the date instruction is to begin].

If you would like to review the curriculum, or if you have any questions about the curriculum or its implementation in your child's school, you may contact [principal or curriculum coordinator] at [principal's or coordinator's contact information].

Sincerely,

[school staff name]

Parent Permission Slip to Participate in [Curriculum Name]

- ☐ I **do** give permission for my child to participate in the human sexuality curriculum.
- ☐ I **do not** give permission for my child to participate in the human sexuality curriculum.

Date: _____ Name of Child: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____