



Date: September 5, 2017

Dear Parent/Guardian:

The Cajon Valley Union School District offers a program on Human Relationships and Sexual Health for Seventh (7th) and Eighth (8th) graders. This program addresses many of the health issues and choices students face, or will face, in their lifetime. This program includes social media use, age appropriate choices and standing up to peer pressure.

This Human Relationship and Sexual Health program is guided by several state laws including teaching that abstinence from sexual activity is the only 100% effective protection against unwanted pregnancy, sexually transmitted diseases, and HIV (when transmitted sexually). Comprehensive Sexual Health Education is required by Education Code 51930-51939. We will be using the Positive Prevention Plus materials for this program, which begins on: _____, and approximately ends on: _____.

It is required that parents or guardians be notified two weeks prior to instruction. All written or audiovisual materials to be used in this instruction will be available for inspection by parent or guardian. We invite you to review these class materials on:

Date _____ at _____ address _____ time _____

-or-

Date: May 10, 2018 at District Office Boardroom address: 750 E. Main St. time: 4:30-5:30pm

If you have concerns regarding your child's participation in this unit, please feel free to contact your child's teacher or my office at the Cajon Valley Union School District Office at the telephone number below.

Sincerely,
Elizabeth Loether
Director of Learning Support Services
(619) 593-5219

All 7th and 8th grade students will participate in the Positive Prevention Plus curriculum. A parent or guardian may request their child **not** participate by completing and returning the section below to the students science teacher.

_____ I request for my child to **not** participate in any lessons related to Comprehensive Sexual Health Education. (An alternative academic assignment will be provided for your child related to science and/or health)

School: _____ Science Teacher: _____

Student Name: _____ ID number: _____

Parent Signature: _____ Date: _____