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KUNA HIGH SCHOOL 637 E. DEER FLAT RD. KUNA, IDAHO 83634 (208) 955-0200

Parent/Guardian Consent Form Human Sexuality Instruction

**** All material that will be presented in class may be reviewed at our Health Education class website:**

<https://www.kunahealth.org/sexual-health.html> - **The unit will be taught 1/7/18 thru 1/18/18**

Name of Student: _____

| | |
|---------------------------------|--|
| Course: <u>Health</u> | Teacher(s): <u>Mr. Stanley</u> |
| School: <u>Kuna High School</u> | Telephone Number: <u>208-955-0200</u> Email: <u>tstanley@kunaschools.org</u> |

Dear Parent/Guardian:

As part of your child's education, he/she has enrolled in a course that includes instruction on topics related to human sexuality. You are receiving this consent form because Kuna School District recognizes your roll in the development of your child's social, emotional, physical, and psychological well-being. Please read the form carefully, select **one option**, sign, and return to the teacher identified above. Your student will not be allowed to participate in class activities without this completed and signed form on file. Thank you.

INFORMATION

All instruction related to human sexuality and/or sexual activity will take place within the context of Idaho State Law (33-1608-1611) and Kuna School District Policy (Section 654) as follows:

- *At Kuna schools all curriculum will be directed toward abstinence-based education.*
- *Students will be guided, through age-appropriate curriculum, to develop a healthy, positive respect for themselves and others.*
- *Students will learn about communicable diseases, including those transmitted sexually, and HIV/AIDS.*
- *The primary responsibility for family life and sex education, including moral responsibility, rests upon the home and the church. The schools can only complement and supplement those standards established by the family.*

Kuna High School administration has reviewed and approved program materials and guest speakers supporting the instruction on these topics.

The following are NOT approved by the Kuna School District for instruction and may not be taught:

- *The intricacies of intercourse, sexual stimulation or erotic behavior;*
- *The advocacy of homosexuality;*
- *The advocacy or encouragement of the use of contraceptive methods or devices;*
- *The advocacy of sexual activity outside of marriage.*

In accordance with **Kuna School District Policy Section 654** teachers may respond to spontaneous student questions for the purposes of providing accurate data or correcting inaccurate or misleading information or comments made by students in class regarding human sexuality.

DISCLOSURE:

The curriculum for this course includes instructions and/or discussions about the topics checked in this box:
****Teacher Use Only****

- | | |
|---|--|
| <input checked="" type="checkbox"/> reproductive anatomy and health | <input checked="" type="checkbox"/> contraception, including condoms* |
| <input type="checkbox"/> human reproduction | <input checked="" type="checkbox"/> HIV and AIDS (including modes of transmission) |
| <input checked="" type="checkbox"/> information on self-exams | <input checked="" type="checkbox"/> sexually transmitted diseases |
| <input checked="" type="checkbox"/> date rape | (terms of a sensitive/explicit nature may be defined) |

Factual, unbiased information about contraception and condoms may be presented as part of this course (only if the box above is checked).* Demonstrations on how to use condoms or any contraceptive means, methods, or devices are **prohibited and are **NOT** authorized.

Please choose one option for instruction listed below.

Name of Student: _____

OPTIONS: Please read and check only one of the following:

Option 1 _____ I GRANT permission for my child to participate in the scheduled activities/discussions as described above.

Option 2 _____ I GRANT permission for my child to participate in the scheduled activities/discussions as described above, with the exception of _____. I understand that my child will receive an alternative assignment of equal value and will not attend the regularly scheduled class on the day of this instruction. Your child will be provided a safe, supervised place within the school during the class period(s). It will be his/her responsibility to report to the pre-arranged location, check in with the teacher or supervisor, and submit the completed assignment to the appropriate person.

Option 3 _____ Prior to making a decision, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and/or review the materials.

Option 4 _____ I DENY permission for my child to participate in any of the scheduled activities/discussions as checked in the above box.

I understand that while my child is not involved in the exempted portion of the curriculum, he/she will be provided a safe, supervised place within the school during the class periods and will receive an alternative assignment related to other elements of the course. I shall take responsibility, in cooperation with the teacher and the school, for the student learning the required course material identified on this form.

Your child cannot participate in the scheduled instructional activity specified above unless and until this signed letter of permission is returned to the teacher identified on this form. Signed forms will be kept on file at the school for a minimum of one year.

PLEASE SIGN AND RETURN

I have read this form and have chosen **one option** from the preceding list.

Parent/Guardian Signature: _____