

Stephen Dionisio  
Superintendent



School Board

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***Reproductive Health and Disease Education Participation/Exemption Form  
High School***

Dear Parent or Guardian,

As required by Florida Statute 1003.42, *Reproductive Health and Disease Education* is taught as part of a Comprehensive Health Education Program. The instructional materials approved by the School Board are aligned to Florida Standards, State Statutes, and School Board Policy. The district's website includes a link for parents to access and review the instructional materials used to teach the curriculum.

Charlotte County Public Schools respects the rights of parents and their role in the education of their children. With that, Florida Statute 1002.20 allows parents to excuse their children from such curriculum:

*A public school student whose parent makes written request to the school principal shall be exempted from the teaching of reproductive health or any disease, including HIV/AIDS, in accordance with s. 1003.42(3). Each school district shall, on the district's website, notify parents of this right and the process to request an exemption.*

Any student whose parent makes a written request to the school principal may be exempt from *Reproductive Health and Disease Education*. Only if you wish for your child to be excused from the curriculum, should you complete the form below and return it to the school. Failure to return this form constitutes permission for your child to participate in *Reproductive Health and Disease Education*. Alternate learning will take place for a student excused from the curriculum pertinent to health education content, exclusive of content which the student is exempted from taking.

Requests to exempt a student from *Reproductive Health and Disease Education* must be submitted to the school principal (or your child's HOPE teacher) no later than 3 days prior to the day of instruction. *Reproductive Health and Disease Education* will be instructed on the following day: \_\_\_\_\_

I am requesting that my child be EXEMPT from *Reproductive Health and Disease Education*.  
I understand an alternative assignment will be provided.

School Name \_\_\_\_\_

Student Name \_\_\_\_\_ Parent/Guardian Name (print) \_\_\_\_\_

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

Please do not hesitate to contact your child's principal or Health Education through Physical Education (HOPE) teacher if you have any questions regarding this information.

Sincerely,

Cheryl LaPorta Edwards, Ed.S.  
Assistant Superintendent for Learning