

TO: Parents/Legal Guardians

FROM: Amy Martinson, Principal



RE: **Sexual Health Education: Opt-In Permission Form**

Intermediate/middle and high schools are required to provide a comprehensive, abstinence-based sexual health education that follows the requirements set forth in the Hawaii Revised Statutes (HRS) 321-11.1, Hawaii State Board of Education (BOE) Policy 2110, and aligns with the state's health education standards.

In Hawaii, health education has a seven by seven (7x7) curriculum focus to build knowledge and skills through teaching seven health education standards and to promote healthy behaviors by preventing and reducing the risk for health education standards and to promote healthy behaviors by preventing and reducing the risk for health problems. More information on Hawaii Content and Performance Standards III may be found at [standardstoolkit.k12.hi.us](http://standardstoolkit.k12.hi.us).

As part of our sexual health education curriculum, your child will be studying teen pregnancy and sexually transmitted infections (STI) prevention with an emphasis on abstinence.

**Instructions:** Complete and return the form below. Parent/legal guardian consent and signature ARE REQUIRED for a child to receive instruction. A student who does not receive parent/legal guardian consent will be provided instruction in an alternate supervised setting and assigned other class work. If you have any questions or comments, please contact Mrs. Shirafuji by e-mail at [wanette\\_shirafuji@notes.k12.hi.us](mailto:wanette_shirafuji@notes.k12.hi.us) or call 307-5079 (during non-instructional time).

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SIGN AND RETURN COMPLETED FORM TO YOUR CHILD'S TEACHER

**Highlands Intermediate School  
Sexual Health Education  
OPT-IN PERMISSION FORM**

STUDENT NAME: \_\_\_\_\_ PERIOD: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

Clearly mark with an "X" only ONE statement below:

- My child has permission to receive instruction (**OPT-IN**).
- My child **DOES NOT** have permission to receive instruction.
- My child has permission to receive instruction in **SOME** sexual health education curricula. I do not want my child to receive instruction on the following noted topics:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT PARENT/LEGAL GUARDIAN NAME

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE