

**Prairie-Hills Elementary School District 144  
Notice to Parents/Guardians of Students  
Enrolled in Health Education/Sex Education/Abuse Components**

Dear Parent or Guardian:

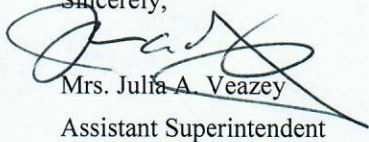
Throughout the school year your child will receive Sexual Health Education as part of our Physical/Health Education Policy. Depending on your child's grade level, topics may include:

- Personal Safety
- Human Reproduction and Childbirth
- Puberty
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Contraception and Pregnancy Prevention
- Abstinence
- Healthy Relationships
- Decision Making

You are welcome to contact your building administrator to have them share the lessons or visit our website [www.phsd144.net](http://www.phsd144.net) and review the health and PE Curriculum maps.

The Board acknowledges that parents/guardians are the primary sexuality educators for their child/children and PHESD 144 is committed to partnering with parents/guardians to provide supplementary instruction to students via the sexual health education lessons. In alignment with Illinois State Code 105 ILCS 110/3 ( *No pupil shall be required to take or participate in any class or course on AIDS or family life instruction if his parent or guardian submits written objection thereto, and refusal to take or participate in the course or program shall not be reason for suspension or expulsion of the pupil*), parent/guardians must provide a timely written objection opting their child/children out from participating in any Sexual Health Education course. No student shall be suspended or expelled for refusal to participate in any such course with submitted objection. Your child's participation in this worthwhile unit of study is voluntary. If you wish to have your child excused from participation, please inform us in writing.

Sincerely,



Mrs. Julia A. Veazey  
Assistant Superintendent

Please check one:

**I GIVE MY CHILD** (student's name)  
\_\_\_\_\_ (grade) \_\_\_\_\_ (#homeroom/Teacher)  
permission to participate in the Sexual Health Education classes.

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 **I do NOT** give permission for my child (student's name)  
\_\_\_\_\_ (grade) \_\_\_\_\_ (#homeroom/Teacher)  
To participate in the Sexual Health Education classes this school year.

I understand there will be no penalty for opting out of these classes. I also understand that if I have any questions, comments, or concerns, I can reach my school's building administrator.

Signed: \_\_\_\_\_

Request to Examine Instructional Material

A sample of the District's instructional materials and course outline for these classes or courses are available from the classroom teacher/or District website for your inspection. If you are requesting to examine this material, please complete the following statement and return it to your child's classroom teacher within 5 days.

**I request to examine the instructional materials and course outline for this class.**