

January 17, 2013

Re: Human Sexuality unit of the Alberta Health Curriculum

Dear Parent/Guardian:

Your child is currently enrolled in health class, which will include subject matter that deals primarily and explicitly with human sexuality. This component of the health curriculum is regularly taught in schools and is a normal part of our school programming. We are required to provide you with notice of this component of our health curriculum and to give you the opportunity to exempt your child from this unit of the health curriculum if you so choose.

The purpose for the inclusion of this subject matter in our program is to achieve the following specific learner outcomes for grade 6:

*Personal Health*

- determine the health risks associated with the sharing of personal care items; e.g., articles of clothing, food/drinks, brushes, lip gloss.

- examine how health habits/behaviours influence body image and feelings of self-worth

- identify and describe the stages and factors that can affect human development from conception through birth.

- examine and evaluate the risk factors associated with exposure to blood-borne diseases—HIV, AIDS, hepatitis B/C; e.g., sharing needles, body piercing, tattooing, helping someone who is bleeding, being sexually active.

Instruction involving the subject matter will be provided on or about January 21- June 1.

Pursuant to section 11.1(2) of the *Human Rights Act*, you as a parent/guardian may request that your child be excluded from the above-identified instruction, without academic penalty, by having your child either:

a) leave the classroom or place where the instruction is taking place or where the instructional material is being used for the duration of that part of the instruction; or

b) remain in the classroom or place where the instruction is taking place without taking part in the instruction or use of instructional material.

 To ensure that these lessons can be conducted within the time allotted, we ask that parents discuss the importance of focus and handling the topics presented in a mature and respectful manner. This will allow everyone to feel confident about their ideas and questions throughout this particular Health unit.

**INDICATION OF CONSENT FOR PARTICIPATION – *to be filled out if you consent to your child fully participating in the unit or lessons stated above*.**

\_\_\_\_\_\_\_I consent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) being included in the health lessons addressing the human sexuality component of the program of studies, as described above, and confirm that I am their parent or legal guardian.

Signature:

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

Parent/Legal Guardian Date

**INDICATION OF EXEMPTION** *–* ***to be filled out only in the event you wish to exempt your child from the unit or lessons stated above.***

In accordance with section 11.1(2) of the *Human Rights Act*, I hereby request that my child be excluded from the instruction, exercise or use of instructional material identified above.

I request that my child: (*check desired option*)

\_\_\_\_\_\_\_ Leave the classroom or place where the instruction is taking place or where the instructional material is being used for the duration of that part of the instruction.

**-OR-**

\_\_\_\_\_\_\_ Remain in the classroom or place where the instruction is taking place without taking part in the instruction or use of instructional material.

I confirm that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of child] in grade \_\_\_\_\_\_\_\_\_ and have chosen to exercise my option to have my child excluded from the instruction described in the notice from the Calgary Science School on the dates indicated in this notice. I also confirm that it is my obligation to ensure that this form is returned to the school on or before the date of the instruction indicated.

Signature:

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

Parent/Legal Guardian Date