



To be leaders in educational excellence, offering support to schools and community to ensure Shasta County students receive a quality education preparing them for high school graduation and success in career and college.

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### Sexual Health and HIV / AIDS Education Opt-Out Form

DEAR PARENT OR GUARDIAN

Education Code section 51930, et seq. requires school districts to provide sexual health education and comprehensive HIV prevention training to students in grades 7-12. Effective January 1, 2016, the Legislature has amended the law to provide that sexual health education and HIV / AIDS education are both mandatory for all students. Under prior law, only HIV / AIDS prevention education was mandatory. The Legislature's stated purpose is to ensure that students receive integrated, comprehensive, factually accurate, and unbiased sexual health and HIV prevention instruction, and to provide students with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors. The law also recognizes that parents and guardians retain the responsibility and ability to impart values about sexual health matters.

Pursuant to state law, the District's training will teach the value of and prepare students to have and maintain committed relationships, will encourage students to speak with their parents/guardians and other trusted adults about human sexuality and will provide students with knowledge and skills to do so. The District's training date is TBA. The educational materials to be used during this training are available for your review upon request.

As a parent, you have the right to request copies of Education Code section 51930, et seq. and to excuse your student from sexual health and HIV education and related assessments. **If you DO NOT** wish to have your student to receive the sexual health and HIV prevention training outlined above, please complete the opt-out information below and return the completed form to your school's office before the training. **If not received,** your student will receive sexual health and HIV prevention education as required by Education Code section 51930, et seq.

Please contact your school with any questions.

Student Name (**PRINT**): \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian's Name (**PRINT**): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's **Signature**: \_\_\_\_\_ Date: \_\_\_\_\_