To: Parents of Health Education Students

On _____________________, the teachers of Health Education students will begin a unit on Family Life Education in accordance with the objectives, guidelines, and materials directed by the Onslow County Board of Education.

Family Life Education centers upon the family as the key unit and irreplaceable foundation of society. The Family Education policy of the Onslow County School System is to clearly articulate, through qualified teachers and appropriate personnel, using directive teaching methods, a curriculum that is abstinence-based, family-centered, and age-appropriate. In addition, the curriculum will include information regarding reproductive anatomy, physiology, fetal development, and sexually transmitted diseases, including HIV / AIDS. This curriculum in grades 6-9 will benefit the quality and longevity of the lives of our children by reaching the “whole” student through parental involvement, factual information, critical thinking skills development, and motivation to make healthy, responsible choices. As required by law and beginning in seventh grade, reproductive health and safety education will include age-appropriate instruction on sexual abstinence until marriage. STDs, the human reproductive system, effective contraceptive methods for preventing pregnancy and awareness of sexual assault and sexual abuse, and sex trafficking prevention and awareness. The curriculum will promote sexual abstinence until marriage and monogamy within marriage.

All parents/guardians must complete the form below in order for your child to receive instruction in the Family Life Education Curriculum. Please return this signed form by ______________________.

Any student who does not receive instruction in Family Life Education will receive alternate assignments and be fully responsible for completing them.

Principal _______________________

☐ I give permission for __________________________ to receive instruction in Family Life Education as prescribed by the State of North Carolina and the Onslow County Board of Education.

☐ I do not wish for __________________________ to receive instruction in Family Life Education as prescribed by the State of North Carolina and the Onslow County Board of Education.

Signature of Parent/Guardian ____________________________

Please return to your child’s Health Education teacher by ________________________.