

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
CURRICULUM AND INSTRUCTION  
1960 LANDINGS BOULEVARD, SARASOTA FL 34231  
PHONE (941) 927-9000

**PARENT/GUARDIAN PERMISSION FOR STUDENT TO RECEIVE INSTRUCTION ON  
REPRODUCTIVE HEALTH, SEXUALLY TRANSMITTED DISEASES, AND  
HIV/AIDS DURING HOPE COURSE**

**Instructions:** All students are required to have a parent/guardian complete and sign this form and return it to the HOPE teacher at the start of the semester.

Student Name (Print) \_\_\_\_\_ Student No. \_\_\_\_\_ DOB \_\_\_\_\_

Your child is enrolled in a course entitled Health Opportunities through Physical Education (HOPE). Credit in this course is required by the state of Florida for some high school graduation options.

In the human growth and development/human sexuality unit aligned with state statute required instruction and state course standards, students will

- identify the responsibilities and consequences inherent in sexual relationships.
- identify ways of avoiding pregnancy and sexually transmitted diseases.
- understand that abstinence is the expected standard for school-age children.
- identify ways to reduce pregnancy rates and lower infant mortality rates.

Students will be encouraged to talk with parents/guardians about the various topics that are covered during this course. Parents/guardians are encouraged to initiate discussion with their child about these important topics. Parents/guardians are encouraged to contact the School Health Office at (941) 927-9000 ext. 32101 if they have any specific questions or are in need of clarification regarding the curriculum, resources, and/or materials utilized for the course.

Parents/guardians will be given options for the participation of their child during the class periods of HOPE that will address these required topics.

**Select the appropriate option for your child by checking the Option 1 or 2 below and signing this form.**

- Option 1 – I authorize my child to participate in the human sexuality part of the HOPE course. I understand the content may include a presentation by a health professional from the Sarasota County Department of Health.
- Option 2 – I am requesting that my child be EXEMPTED from the human sexuality part of the HOPE course per Florida Statute 1002.20(3)(d). I understand there will be required assignments not related to human sexuality.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date