

## AP 211-1 Letter to Parents re Sensitive Topics

<<School Letterhead>>

Dear Parent or Guardian,

As part of the Physical and Health Education Curriculum K-10, human sexuality will be covered in your child's classroom. The lessons pertaining to the health curriculum have been carefully and thoughtfully prepared to help students develop and nurture healthy life practices. The primary objective is to empower students to make intelligent and informed decisions as they cope with the difficult health issues facing them today. In the area of human sexuality instruction, options for healthy sexual decision-making, including the benefits of abstinence, will be taught. This curriculum will be a valuable asset to students, but parents/guardians are best able to gauge the maturity level of their children and decide whether the proposed curriculum is appropriate for them.

Attached is an overview of the information to be presented in your child's classroom. You are invited to preview all the information and materials that will be presented in the classroom by contacting your child's teacher or school. You can also view the prescribed learning outcomes as per the Ministry of Education and Child Care on their website: [Physical and Health Education | Building Student Success - B.C. Curriculum \(gov.bc.ca\)](https://www2.gov.bc.ca/gov2/education/curriculum_framework/physical_and_health_education/building_student_success_b.c.curriculum)

As per [AP 211 Alternative Delivery of the BC Health Education Curriculum](#), parents/guardians in the Abbotsford School District have the opportunity to decide if they wish to have their children receive this curriculum through an alternate delivery model. If you wish to teach the health curriculum at home, please contact your child's teacher to make the necessary arrangements.

If you are comfortable having your child receive this curriculum at school, please sign and return the bottom portion of this letter to your child's teacher. A student not taking part in this curriculum will be placed in an alternate instructional setting. Thank you.

*Note: Please encourage your child to share with you the discussion and factual information given during these lessons. The lessons will be informative and taught in a sensitive and respectful manner. Any ethical and moral concerns or questions that may be raised during class will be referred to home for discussion and decision-making.*

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As parent/guardian, I give permission for (Student Name) \_\_\_\_\_ to:

- attend all classes where the Health curriculum is presented.
- to have the Health curriculum taught by an alternate delivery method. I understand that it is my responsibility as a parent/guardian to make the necessary arrangements with my child's teacher.

(Parent/guardian) Name: \_\_\_\_\_  
(Please Print) (Parent/guardian) Signature

Date: \_\_\_\_\_

Attachment: Overview of the Physical and Health Curriculum (grade specific)