



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

COMPREHENSIVE SEXUAL HEALTH EDUCATION, HIV PREVENTION EDUCATION AND ASSESSMENTS

Pursuant to Education Code section 51938, parents have the right to excuse their student from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through an "opt out" request. Such a request must be in writing. You were advised of this right via the District's annual notification information provided at the beginning of the school year.

Pursuant to Education Code section 51931:

- **Comprehensive Sexual Health Education** is "education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections.
- **HIV prevention education** is "instruction on the nature of human immunodeficiency virus (HIV) and AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS."

You may not "opt out" of instruction on other topics included in this course including, but not limited to, approved curriculum addressing gender identity or sexual orientation.

If you "opt out" of comprehensive sexual health education, HIV prevention education, and related assessments for your student, the student may not attend any class in comprehensive sexual health education or HIV prevention education. (Ed. Code, § 51939). However, while comprehensive sexual health education and/or HIV prevention education is being administered, an alternative educational activity will be provided to your student.

You have expressed interest in "opting out" of all or part of comprehensive sexual health education, HIV prevention education, and assessments for your student. Please complete the attached "opt-out" request and identify your specific requests. Upon receipt, alternative assignments, including assessments, will be provided as required by law.

BOARD OF TRUSTEES

KRISTA CASTELLANOS
PRESIDENT

MICHAEL PARHAM
VICE PRESIDENT

AMY HANACEK
CLERK

JUDY BULLOCKUS

LISA DAVIS

GILA JONES

GARY PRITCHARD

SERVING THE COMMUNITIES OF:

ALISO VIEJO • COTO DE CAZA • DANA POINT • LADERA RANCH • LAGUNA NIGUEL • LAS FLORES • MISSION VIEJO
RANCHO MISSION VIEJO • RANCHO SANTA MARGARITA • SAN CLEMENTE • SAN JUAN CAPISTRANO



CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

REQUEST TO OPT OUT

Student Name: _____

Student date of birth: _____

Parent/Guardian name: _____

In accordance with Education Code section 51938, I request to opt my student out of the following:

- Comprehensive Sexual Health Education Instruction and Assessments
- HIV Prevention Education Instruction and Assessments

I understand that my student will continue to participate in all other units and topics included in Health/Sexual Health for this school year. I understand that my student will receive alternative instruction, assignments, and assessments when the class is receiving instruction, assignments, and assessments in the area(s) I selected, above.

Parent Signature

Date

Received by:

Date:

BOARD OF TRUSTEES

KRISTA CASTELLANOS
PRESIDENT

MICHAEL PARHAM
VICE PRESIDENT

AMY HANACEK
CLERK

JUDY BULLOCKUS

LISA DAVIS

GILA JONES

GARY PRITCHARD

SERVING THE COMMUNITIES OF:

ALISO VIEJO • COTO DE CAZA • DANA POINT • LADERA RANCH • LAGUNA NIGUEL • LAS FLORES • MISSION VIEJO
RANCHO MISSION VIEJO • RANCHO SANTA MARGARITA • SAN CLEMENTE • SAN JUAN CAPISTRANO