

**Parent/Guardian Consent** 

## Parental Consent for Sensitive Subject Matter

School Name:
School Address:
School Contact Number:
Date:
Dear Parents/Guardians,
This form is to inform you about upcoming curriculum content that addresses sensitive topics, including <b>Gender Identity</b> , <b>Sexual Orientation</b> , and <b>Human Sexuality</b> . Our goal is to ensure that you are fully informed about what your child is learning and to provide you with the opportunity to make an informed decision about their participation.
The topics will be introduced as part of the
Please review the following information and indicate your consent below.
Student Information
<ul> <li>Student's Full Name:</li> <li>Student's Grade:</li> <li>Teacher's Name:</li> </ul>

I have read and understood the information regarding the lessons on Gender Identity, Sexual Orientation, and Human Sexuality.

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Please check one box below:
[] I consent to my child, [Student's Full Name], participating in all lessons related to Gender Identity, Sexual Orientation, and Human Sexuality as part of the curriculum.
[] I do not consent to my child, [Student's Full Name], participating in these specific lessons. I understand that an alternative, non-instructional activity will be provided for my child during this time.
Parent/Guardian Signature
Parent/Guardian Printed Name:
Parent/Guardian Signature:
• Date:
Phone Number:
Email Address:
Please sign and return this form to the school office or your child's teacher by
If you have any questions or would like more information, please contact:
[Contact Person/Department, e.g., the school principal, the main office, etc.] at [Phone Number].
Thank you for your cooperation.
Sincerely,
School Principal's Name
School Name

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