

**Charlotte Mecklenburg Schools
Reproductive Health and Safety Education (RHASE)
Opt-out permission form**

Dear Guardian:

The Health and Physical education Department provides a comprehensive health education program to all students. During health class, your child will receive instruction on Reproductive Health and Safety Education (RHASE)

In accordance with the Charlotte-Mecklenburg Board of Education requirement, your child will participate in the Reproductive Health and Safety Education unit **unless you tell us otherwise.**

If you do not wish for your child to participate, you must submit the "Request for Student Exemption Form" at the bottom of this page to your child's health teacher.

You are invited to review the *Successfully Teaching Health* RHASE instructional materials please use the following link: goo.gl/Y99ra7. Additionally, you may request to review the RHASE curriculum materials at your child's school.

If your child does not return the form below prior to ____/____/____, he/she will participate in the unit.

**Request for Student Exemption Form
Reproductive Health and Safety Education**

Name of Student: _____

School: _____

Teacher Name: _____

_____ **I do not** give permission for my son/daughter to participate in the Reproductive Health and Safety Education unit.

Signature: _____ Date: _____

Guardian Signature