

Student Legal Name

## AP 825 : CALM/Health Human Sexuality - Exhibit 1 – Parental Opt-In Consent

Instruction dealing primarily and explicitly with gender identity, sexual orientation, or human sexuality

Preferred Name

Please complete and return this form. Students may participate only when a parent/guardian provides written opt-in consent. This form allows consent to all or selected topics. (Incidental, spontaneous classroom references are not subject to opt-in.)

		(if any)		
Date of Birth		Grade		
(YYYY-MM-DD)				
School		Teacher/Presenter		
Course		School Year		
Instruction Details (to	be completed by school	ol)		
Planned Topic(s) (attach outline if needed)				
Planned Date(s)				
Location (classroom/online/other)				
Parent/Guardian Consent (choose one):  ☐ I consent for my child to participate in <b>ALL</b> of the identified topic(s) and dates listed above.				
<ul><li>only:</li><li>Topic/Date:</li><li>Topic/Date:</li></ul>	hild to participate in th		ed topic(s)/date(s)	
•	opt-in consent. I unders	•	rovided an alternate	

Notice was provided at least 30 days prior with topic(s), date(s), and teacher/presenter information, and was also posted on the school website/newsletter.

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Parent/Guardian Name (pri	nt)	
Parent/Guardian Signature		
Date (YYYY-MM-DD)		
Please return to:		
Teacher/School Contact:		
Email:	Phone:	
Return by (date):		
Method:		
□ Paper		
☐ Email upload		
☐ Other		
authority of the Education Act and	section 4 (c) of the	e used to respond to your request. This collection is under the Protection of Privacy Act. For questions about the collection ation Coordinator of the Sturgeon Public School Division at
Internal use: Received by	on	(YYYY-MM-DD).

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