Dear Parent:

As required by the Georgia Department of Education, the Fayette County School System will teach middle and high school students in the areas of human growth and development, adolescent sexuality, and sexually transmitted diseases. Fayette County Health teachers will use “Choosing the Best.” This program was evaluated and selected as the best program to meet the instructional health needs of our students. A committee of parents, educators, ministers, and health professionals has approved all materials.

The sexuality curriculum will present a strong program to students that abstaining from sex until marriage is the only sure way to avoid AIDS. The program will assist teens in coping with social and peer pressures they face today, especially in the areas of sexuality. This will be done through the development of skills they can use in saying “no” to behaviors in which they do not wish to engage.

Students will not be allowed to participate in the program without parental consent. All of the materials, as well as materials dealing with AIDS and STD’s will be available for you to preview each nine weeks in accordance with your child’s health teacher’s schedule. Please indicate whether your child may or may not receive this instruction by completing the form below and returning it to your child’s school. Students not participating in the class will be given other health topics for study. Please contact Marsha Fraker or Ryan Ross at 770-486-2721 or fraker.marsha@mail.fcboe.org or ross.ryan@mail.fcboe.org if you have any questions. You may also review the complete Choosing the Best program at www.choosingthebest.org.

6th Grade – Choosing the Best WAY
7th Grade – Choosing the Best PATH
8th Grade – Choosing the Best LIFE

We believe parents are the primary educators. However, effective home sexuality education can be augmented with a compatible school sexuality education component. We look forward to working with you to enhance your child’s education.

Sincerely,

Nancy Blair
Principal RSMS

I have read the above letter and I am aware that I may preview the materials to be studied by my child.

___________________________________________________________________________________________

Child’s Name may take part in the Human Growth and Development Unit.

___________________________________________________________________________________________

Child’s Name may not take part in the Human Growth and Development Unit and will be given an alternative health topic to study.

___________________________________________________________________________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Please return this portion to your child’s school.