



*Restoring America's Heritage by Developing Servant Leaders*

---

**CONFIRMATION OF RECEIVING NOTICE:**

By signing below, I confirm that the school has provided me notice about the requirement to provide instruction on comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year. In addition, I confirm that the school has provided me notice regarding the minimum requirements of what must be included in the comprehensive sexual health education and HIV prevention education.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian (Please print) \_\_\_\_\_

Relationship to Scholar: \_\_\_\_\_

Scholar Name: \_\_\_\_\_

Scholar's Next Grade Level: \_\_\_\_\_ Campus Scholar Attends: \_\_\_\_\_

**OPT-OUT OPTIONS:**

\_\_\_\_ Yes, I would like to complete the opt-out form to excuse my child from Comprehensive Sexual and HIV Prevention Education.

\_\_\_\_ No, I do NOT wish to opt-out my child from Comprehensive Sexual and HIV Prevention Education at this time.

**OPT-OUT FORM:**

I confirm that this "Opt-Out" form serves as written notice to John Adams Academy to excuse my child from any and all comprehensive sexual health education, HIV prevention education, and assessments related to that education at any time while they are enrolled at John Adams Academy and will remain in full force and effect unless I provide written notice to the Academy revoking this "Opt-Out".

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian (Please print) \_\_\_\_\_

Relationship to Scholar: \_\_\_\_\_

Scholar Name: \_\_\_\_\_

Scholar's Next Grade Level: \_\_\_\_\_ Campus Scholar Attends: \_\_\_\_\_

*Return completed and signed form to your campus front office or email to [optout@johnadamsacademy.org](mailto:optout@johnadamsacademy.org).*

**PLEASE NOTE:** *If a parent seeks to "Opt-Out" more than one child, a separate "Opt-Out" form must be on file for each child.*