

EXHIBIT A
District Policy 6220

**NOTIFICATION OF PARENTS ABOUT
HEALTH EDUCATION PROGRAM**

Dear Parent:

As part of the school District's curriculum, students are instructed in age-appropriate components of the approved health curriculum.

During _____ instruction in your child's classroom will include the following topics AND MATERIALS of the health curriculum:

You are encouraged to call _____
at _____ if you wish to discuss any of the above topics.

You may exclude your child from all or any part of the above topics by signing and returning a form available from your child's school before _____
on the grounds that you wish such exemption for personal reasons.

MATERIALS ARE AVAILABLE FOR IN DEPTH REVIEW AT YOUR CHILD'S SCHOOL.

If you do wish to exclude your child from the program, or any part of it, you can anticipate that the following alternative(s) will be available to him/her during the time he/she would normally have that instruction:

Again, please call _____ before deciding to exempt your child.

Sincerely,

EXHIBIT B
District Policy 6220

Adams 12 Five Star Schools
1500 East 128th Avenue
Thornton, CO 80241

**EXCLUSION OF STUDENT FROM
PART OR ALL OF HEALTH PROGRAM**

I wish to exclude _____ from

- _____ 1 all of the health curriculum units described in _____
School's letter of notification about the health education program.
- _____ 2 the following topics _____
of the health curriculum units described in the letter of notification.

I request such exclusion for personal reasons.

Signature of Parent/Guardian

Date