

Please complete and return to Coach Jenkins By Friday January 10th

Student Name: _____ Date: _____ Period: _____

Student Signature: _____

Parent/ Guardian Name(s): _____

Parent/Guardian Signature: _____

Parent/Guardian Email Address: _____

Parent/ Guardian Phone: Home: _____ Cell: _____

SEX EDUCATION PERMISSION FORM

Dear Parent/Guardian:

In compliance with the Nevada Revised Statutes 389.065, schools are required to obtain permission from the parent/guardian of students who attend a class where instruction may include topics about the human reproductive system and related communicable diseases. Below is a list of what *is* and *is not* discussed in the Somerset Academy - Sky Pointe middle school health class.

Instruction & discussion **will include**:

- The Reproductive System (male & female)
- Fetal Development
- Physical and emotional changes during puberty

Instruction & discussion in Health 8 **will not include**:

- Sexual responsibility
- Contraception
- The physical, emotional, and social implications of (teenage) pregnancy

Please indicate your awareness of Nevada Revised Statute 389.065, by signing below, and indicate your approval or disapproval for your child to have these lessons. If you have any questions or concerns, please contact me via email at <dasheem.jenkins@somersetnv.org or by phone at (702) 478-8888 ext. 4722.

Sincerely,
Coach Jenkins
Email: dasheem.jenkins@somersetnv.org
[Website: jenkinshealthpe.weebly.com](http://jenkinshealthpe.weebly.com)
Phone: 702-788-8888 ext. 4270

_____ *YES, I want my child to participate in the lessons listed above.*

_____ *NO, I do not want my child to participate in the lesson(s) listed above.*

_____ *I have questions/concerns about one or more of the lessons listed above. (Please contact Coach Jenkins)*

Student's Name (print): _____ Date: _____

Parent/Guardian's Signature: _____

