Peace River School Division
Learning Together - Success for All

PARENTAL CONSENT FOR PARTICIPATION IN HUMAN SEXUALITY INSTRUCTION

As per the Education Amendment Act, 2024

School Name: _____

School Address: _____

School Contact (Name and Number): _____

Please sign and return this form to the school office or your child's teacher by _____ [Return Deadline].

In accordance with the Education Amendment Act, 2024 and Peace River School Division Administrative Procedure 205, parents and guardians are required to provide written opt-in consent before their child can participate in classroom instruction that deals primarily and explicitly with topics related to gender identity, sexual orientation, and/or human sexuality.

These topics form part of the Alberta Education curriculum in Physical Education and Wellness, Health and Life Skills, as well as High School Career and Life Management (CALM) programming. You are invited to review the learning outcomes and indicate with a checkmark and your signature your consent for your child to receive instruction.

***If you do not complete and return this form, your child can not participate in these lessons. Instead, your child will be provided with an alternate non-instructional activity during that time.*

If you wish to look at the curriculum in further detail, please visit:
https://curriculum.learnalberta.ca/parents/en/home

Course Name:	
Teacher(s) name(s):	
General dates that human sexuality instruction will occur:	

Topics to be covered include (curriculum outcomes):	

Student Information

Student's Full Name: _____

Student's Grade: _____

Teacher's Name: _____

Parent/Guardian Consent

[ ] I have read and understood the information regarding the classroom instruction dealing primarily and explicitly with topics related to gender identity, sexual orientation, and/or human sexuality.

Please check one option regarding your student's participation in the learning materials described above:

[ ] **I consent** to the student named above participating in all classroom instruction related to the described learning materials.

[ ] **I do not consent** to the child listed above participating in the classroom instruction related to the described learning materials, and I request that my child be removed from the classroom during this time.

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Parent/Guardian Signature

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

The information on this form is being collected pursuant to the Education Act and the Protection of Privacy Act (POPA). Questions concerning its collection or use can be directed to Peace River School Division's Access to Information Act (AITA) Coordinator by calling 780-624-3601.

Reference:

- AP 206 - Human Sexuality