



KNOLES ELEMENTARY PETE GALVAN, PRINCIPAL
 4005 E. BUTLER AVE. FLAGSTAFF, AZ 86004 928-773-4120
 FAX 928-773-4130

Dear Parent or Guardian of a F.U.S.D. Fifth Grade Student at Knoles Elementary School:

Your student will have the opportunity to take part in the Flagstaff Unified School District Sexual Health Program at Knoles Elementary School during the week of May 16-20, 2022. You will need to sign the attached form whether your student participates or not. State law mandates us to have a permission slip on file for every student. Our District curriculum was developed to be totally compliant with Arizona State Law, and Arizona Revised Statutes: §15-711, § 15-712.01, §15-716, and is aligned with Arizona Department of Education Comprehensive Health Standards 1-6.

If you have questions that you cannot answer by visiting the district curriculum website then please call your school and they will give me your number so I can call you.

The curriculum has the following learning objectives:

*****Boys and Girls will be taught separately**

1. Students will learn the anatomy/physiology of the reproductive systems and aspects of normal physical and emotional growth during puberty for both females and males.
2. Students will demonstrate an understanding of the transmission and prevention of several communicably - transmitted diseases. Common sense personal hygiene practices will be addressed.
3. Students will learn effective skills for dealing with possible sexual abuse, sexual harassment and other forms of harassment and bullying.
4. Students will identify both healthy and risky/harmful behaviors and practice skills to avoid harmful behaviors.
5. Due to Arizona State Law no outside visitors or observers are allowed in the presentations.

Thank you for your consideration in this matter, I look forward to teaching your children.

Sincerely,

Betty Smith

Betty Smith
 Sexual Health Coordinator/Educator

Pete Galvin
 Principal, Knoles Elementary School

PARENT PERMISSION FOR STUDENT PARTICIPATION IN THE FIFTH GRADE SEXUAL HEALTH CURRICULUM

PLEASE PRINT NAMES CLEARLY:

MY STUDENT'S NAME (LAST) _____ (FIRST) _____

_____ HAS my permission to attend lessons that are part of the FUSD Social Health Curriculum.

_____ DOES NOT HAVE permission to attend any part of the FUSD Social Health Curriculum.

 Parent Signature

 Contact Phone Number

 Date Signed