



## ASHLEY RIDGE HIGH SCHOOL

9800 DELEMAR HWY  
SUMMERVILLE, SC 29485  
843-695-4900

Dear Parent/Guardian:

Dorchester School District Two attempts to develop curricular programs that meet the diverse needs of our students. One of the students' needs is in the area of health education. Local, state and national data tell us that our young people are not informed, or are misinformed, about the changes that will be a part of their growing to maturity and their sexuality.

The South Carolina Comprehensive Health Education Act of 1988 for grades 6-8 and Physical Education 1 in high school, require that students are offered instruction in human reproduction and sexuality. The materials used are approved by the South Carolina Board of Education and our District Comprehensive Health Advisory Committee. The focus of instruction is on ***abstinence*** and also includes lessons pertaining to protection from sexually transmitted diseases and contraception in the appropriate grade levels. The human reproduction and sexuality unit is scheduled for three weeks at the high school level. Students not enrolled in a Physical Education course, will also receive this instruction during a scheduled time during the academic year.

We believe that parents/guardians are the foremost educators for their children in this sensitive area of instruction and our purpose is to supplement your efforts. All materials are available for review by making an appointment with your child's Physical Education teacher.

It is your right to make the decision whether or not to allow your child to participate in the human reproduction and sexuality instruction, as part of the comprehensive health education curriculum. Your child will not be penalized for not participating, nor placed in an embarrassing situation.

**If you do *NOT* give permission for your child to participate in the human reproduction and sexuality unit, on the bottom of this letter, please check the box AND complete all the information in its entirety, then return it to your child's Physical Education teacher no later than:**

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I do ***NOT*** give permission for my child to participate in the human reproduction and sexuality unit.

School: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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