



Notice and Consent – Human Sexuality Form

AF206-A
09/25

Teaching About Human Sexuality And Related Topics

As required in AP206 and the Education Act, when your child is primarily and explicitly being taught about Human Sexuality as per the curriculum, the Rocky View School Division will seek the consent of parents/guardians prior to presenting the topic or learning material to students. Any instruction, discussions, assignments, and activities related to the learning materials described will occur in a safe space for students to explore all perspectives and engage in critical thinking.

Instruction of human sexuality is most successful when conversations at school are accompanied by conversations at home. At times, additional materials may come home to encourage further discussion.

You are receiving this letter to inform you of upcoming instruction about human sexuality. The instruction and associated government approved materials are aligned with the curriculum and are presented in an age-appropriate, respectful, and inclusive manner.

In accordance with the Education Act and your right to guide your child's education, we require your explicit permission (opt-in) for your child to participate in the presentation of these learning materials and any related instruction, discussion, assignments, or activities.

Please indicate your preference by selecting one of the options in the Parent/Guardian permission form below and return to the school as soon as possible.

Table to be completed by the classroom teacher. Both the table below and the Parent/Guardian permission form must be made available to the parent/guardian.

Course name:	
Teacher(s) name:	
Topics to be covered include (curriculum outcomes):	
General dates that Human Sexuality Instruction will occur:	
Alternate if not participating	In the room Other space



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Parent/Guardian Permission Form – Opt-In for Participation in Human Sexuality Instruction

Student Name: _____
Grade: _____
Class/Teacher: _____

Please select one option regarding your child's participation in the learning materials described above:

☐ **Full Participation**

I give permission for the student named above to participate in the presentation of the described learning materials and all related instruction, discussion, assignments, and activities.

☐ **No Participation and Removal from Classroom**

I do not give permission for the student named above to participate in the presentation or any related activities, and I request that my child be removed from the classroom during this time.

☐ **Partial Participation**

I give permission for the student named above to attend class with no participation in discussions, activities or assessments related to the instruction of Human Sexuality.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

The information on this form is being collected pursuant to the Education Act and the Freedom of Information and Protection of Privacy Act. Questions concerning its collection or use can be directed to Rocky View Schools FOIP Coordinator, the Associate Superintendent of Business and Operations, by calling 403.945.4000 or by e-mail (busops@rockyview.ab.ca).

Reference:

- AP206 – Teaching About Human Sexuality and Related Topics