

INFORMATION REGARDING HEALTH EDUCATION INSTRUCTION

May/June 2021

Dear Sixth Grade Parent or Guardian:

As part of the Grade 6 Science and Health Education curriculum, students will be learning about HIV and AIDS through a video presentation towards the end of the year. The video will focus around a formal definition of HIV and AIDS, how HIV and AIDS is contracted and how to prevent HIV and AIDS infection. The content to be covered complies with the New York State Education Department guidelines for the classroom instruction of HIV and AIDS. Students are encouraged to discuss this topic at home with their parents.

Parents have the opportunity to view the Grade 6 Health Video: *HIV and AIDS: Staying Safe* being seen in class by going to the North Syracuse Central School District homepage website (www.nscsd.org) and following the steps below:

- Once on the district website, click on the subheading “Departments” to get a pull-down menu;
- Click on Curriculum and Instruction;
- Click on Health Education (located in the left column);
- To view the video click on link titled Grade 6 Health Education Video.

According to the Commissioner’s Regulations regarding HIV and AIDS instruction, parents have the right to request that their child be excused from the video presentation. The reason for this letter is to provide information about your parental rights and to provide you the opportunity to exercise that right by using the parental response below. If you have any questions or concerns regarding this information, please contact your child’s teacher at one of the numbers listed below.

Gillette Road Middle School
218-3000

Roxboro Road Middle School
218-3300

If you want your child to be excused from the HIV/AIDS Prevention lesson, please complete the form below and return it to your child’s Science/Health teacher. If your child is learning remotely, please send an email with your request to your child’s teacher. The deadline for return is **June 1, 2021.**

**PARENT REQUEST FORM
HIV/AIDS PREVENTION LESSON**

Please **EXCUSE** my son/daughter _____ from the HIV/AIDS Prevention lesson. **My signature indicates my assurance that instruction in HIV/AIDS prevention instruction will be provided in my home.**

Parent Signature

Date

Please complete and return to your child’s Science/Health teacher by **June 1, 2021.**