**Charlotte Mecklenburg Schools**

**Reproductive Health and Safety Education Unit**

**(Former FLEBHS Unit)**

**Alternative Unit Information**

Dear Parent(s)/Caregiver(s):

The Health and Physical Education Department provides a comprehensive health education program to all students. In addition, fifth grade through high school students receive a Reproductive Health and Safety Education Unit (RHASE) as part of the class.

In accordance with the Charlotte-Mecklenburg Board of Education requirement, your child will participate in the Reproductive Health and Safety Education unit unless you tell us otherwise. If you do not wish for your child to participate, you must submit the “Request for Student Exemption Form” at the bottom of this page to the Principal or designee.

You are invited to review the instructional materials that will be utilized during this unit. The RHASE curriculum is included as part of the comprehensive *Successfully Teaching Health* manual and can be seen here: <http://www.cms.k12.nc.us/cmsdepartments/ci/health-phys-ed/Sucessfully%20Teaching%20Parent%20Resources%20RHASE/Forms/AllItems.aspx>

If you need additional support concerning the curriculum, please contact:

Merry Angela Gallo, K-12 Health Resource: Phone- 980-343-2696 Email: [m.gallo@cms.k12.nc.us](mailto:m.gallo@cms.k12.nc.us)

**If your child does not return the form below prior to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, he/she will participate in the unit.**

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**Request for Student Exemption Form**

**Reproductive Health and Safety Education**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I **do not** give permission for my son/daughter to participate in the Reproductive Health and Safety Education unit. I agree that my child will complete a Sexuality Education Alternate Unit, under my supervision using the recommended materials on the CMS website. (These guidelines are located at <http://www.cms.k12.nc.us/CMSDEPARTMENTS/CI/HEALTH-PHYS-ED/Pages/documents.aspx>.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Caregiver