Parental Request for Notification

To: _____ and _____
Name of principal Name of school

1. The purpose of this Request is to provide specific direction from me, the undersigned parent(s), in regard to the instruction of sexuality to my child(ren): _____; _____; _____; _____; _____.

2. I believe that human sexuality should be taught to my child only in the context of respect, self-discipline, commitment, marriage and procreation. I am aware that political interest groups and activists wish to promote and legitimize attitudes and behaviours that are incompatible with the values that I teach and model to my child at home. I consider it the duty of the school and school board to protect my child from all such activities and initiatives, and to reinforce what I teach at home.

3. I request that, before my child is instructed about sexuality, you first provide me at least seven (7) days' prior written notice, such that I have the opportunity to review your proposed instruction materials, curriculum, and lesson plan, and such that I know which person(s) are providing instruction, whether my child's teacher or someone else. My child is not to receive instruction in sexuality without my prior written permission.

4. This seven days' prior written notice is requested for each and every time that sexuality is taught in the school, regardless of whether the materials are taught in "sexual education" or presented as instruction related to "diversity," "tolerance," "multiculturalism," "gender studies," "gender diversity," "family life," "gender expression," "safe caring schools," "anti-bullying" or any other title.

5. My child is not permitted by me to join or attend <u>any</u> student organization or club, of any kind, without my prior written permission. I further request that you notify me if or when a Gay Straight Alliance or similar student organization is established or created at your school.

6. I request that you notify me if my child expresses confusion about, or struggles with, gender identity, as well as any other issue (physical, mental, emotional, sexual, psychological or otherwise) affecting my child's well-being, regardless of whether my child consents to that disclosure.

7. I am keeping a copy of this Request for my own records, to refer to in future as may be necessary. If you are not willing (or not able) to honour fully the requests set out here above, then <u>I hereby request a specific and detailed written explanation</u> as to which section(s) or portion(s) of this Request will not be respected and adhered to by you and/or your staff.

Signature(s) of parent(s) or guardian(s):

_____ _____ _____ _____
Signature Date Signature Date

_____ _____
(print) Name of parent or guardian (print) Name of parent or guardian

_____
Address City Postal Code