



LOS ANGELES UNIFIED SCHOOL DISTRICT

Ramon C. Cortines
Superintendent of Schools

Carlson Home/Hospital School
10952 Whipple Street
North Hollywood, CA 91602
Telephone: (818) 509-8759
Facsimile: (818) 505-0246

Dr. Shelley Weston
Assistant Superintendent
Secondary Instruction

Janice Davis
Director, High School Programs

Jack Bagwell
Elementary Director, Local District 2

Joe Salvemini
Principal

Dear Parent or Guardian:

Date: _____

Your son/daughter is enrolled in a course in health with our program. This course may include one or more sessions in which the human reproductive organs may be described, illustrated, or discussed within the context of the study of human growth, maturation, and reproduction. Also, one or more sessions may be on the causes, symptoms, complications, and treatment of venereal diseases within the study of diseases and disorders. This subject matter is optional, and the signed consent of a parent or guardian will be required for students to receive this instruction.

The California Education Code requires that instructional materials which are to be used in these classes be made available for inspection by parents or guardians. In compliance with this requirement, parents or guardians have the option to preview the materials which will be presented.

Please indicate on the tear-off below whether or not you wish your son/daughter to receive the optional instruction referred to above. Should you prefer that your son or daughter not receive this instruction, other assignments will be scheduled for him/her.

Sincerely,

Joe Salvemini, Principal

----- Tear Off -----

To: Joe Salvemini, Principal
Carlson Home/Hospital School

Home Teacher's Name: _____

I do _____ do not _____ wish my son/daughter to receive the optional instruction dealing with human reproduction that is being offered in the health course.

I do _____ do not _____ wish my son/daughter to receive the optional instruction on venereal disease that is being offered in the health course.

Name of Student: _____ Birth Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____