



## *Leicester High School*

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Dear Parent/Guardian:

Leicester High School current health students are scheduled to participate in a Reproduction/STD Education Unit. This program has been developed by our professional staff and it aligns with the Massachusetts Health Standards and the National Sexuality Education Standards. The overall goal of the course is to promote the health and well-being of our students and to help them make wise and informed decisions during their teenage years and beyond.

Reproductive education is part of the ninth grade health education curriculum including topics such as abstinence, puberty, relationships, communication skills, pregnancy, contraception, sexuality, prevention of HIV/AIDS and other sexually transmitted infections, and prevention of sexual abuse. **During the course, students will be able to ask questions, which will be answered factually and in an age-appropriate manner. Each student's privacy will be respected, and no one will be pressured to ask or answer questions or reveal personal information.**

Under Massachusetts Law and School Committee Policy, you may exempt your child from any portion of the curriculum that primarily involves human sexual education or human sexuality issues. To receive an exemption, simply sign the bottom portion of this letter and send it back to me by December 22, 2016. A phone call or email will also confirm any exemption requests. No student who is exempted from this portion of the curriculum will be penalized; alternative assignments will be provided. Any student who does not provide an exemption note will be expected to participate in the curriculum unit.

If you would like to review the curriculum or materials used in class, you are welcome to do so. Please contact Ms. LaPrad at the High School via [lapradc@lpsma.net](mailto:lapradc@lpsma.net) or call 508-892-7030 ext 110 if you have any questions or concerns.

If you have questions about the health curriculum or any other matter concerning your child's education, please contact me.

Sincerely,

Ms. LaPrad

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By signing below, your child **WILL NOT** participate in the Reproductive Health/STI Unit.

Student's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_