



*The Mission of Winfield District 34 is to challenge, inspire and empower passion within all learners.*

6:60E

## Teen Sexual Health Program Permission Form

I/We, \_\_\_\_\_, want my child, \_\_\_\_\_, to participate in the eighth grade Teen Sexual Health Program on \_\_\_\_\_.

I/We, \_\_\_\_\_, do not want my child, \_\_\_\_\_, to participate in the eighth grade Teen Sexual Health Program on \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature      Date

\_\_\_\_\_  
Parent Signature      Date

**Please return this form to the school office by \_\_\_\_\_. If we do not receive a response, your child will not be allowed to attend the program.**

**Matt Rich, Ed.D.**  
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