



Dear Parent or Guardian:

The department of Education offers an HIV/AIDS prevention program as part of an ongoing comprehensive health education program. In addition, all high school students in grades 9-12 are permitted to request free condoms at their school. As a parent or guardian, you may ask the school not to give your child condoms. This is referred to as a *parent opt-out*. You are **not** permitted to make this request if your child:

1. is 18 years of age or older;
2. has been or is currently married;
3. is a parent, and/or
4. is entitled under law to give consent for himself/herself.

*To request that your daughter/son **not** be permitted to receive condoms at his/her high school, please complete this sheet and send it to the school Attention: Ms. Bonds, Assistant Principal (Pupil Personnel Services), in an envelope marked “**CONFIDENTIAL**”. If you change your mind and decide that your youngster can request free condoms, send a letter to Ms. Bonds at any time during the school year.*

We are committed to ensuring confidentiality to all students, including those who do not participate in this program. All high school administrators know this policy and have been told to maintain the confidentiality of students.

The condom availability program for high school students offers an opportunity for you to talk to your child about health issues associated with HIV/AIDS. The most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. Please support your child in making positive health choices.

Sincerely,
Randy J. Asher, Principal

Sign and return if you **DO NOT** want your daughter/son to participate in the Condom Availability component of the HIV/AIDS Prevention Program. It must be noted that this option shall not apply to student who are 18 years or older, who are or who have been married, who are parents, or who are entitled under law to give consent for themselves. If you have more than one child enrolled in the school, please complete a separate form for each child.

My son/daughter _____ OSIS # _____
PRINT Full Name of Student

Who is in grade (circle one) 9 10 11 12 at Brooklyn Technical High School, **IS NOT** to participate in the condom availability component of the program.

PRINT Name of Parent/Guardian/Custodian

SIGNATURE of Parent/Guardian/Custodian

Date

If your daughter/son is not to participate, return this form to the school, **Attention: Ms. Bonds, Room 7S2**, in an envelope marked “**CONFIDENTIAL**”.