WAYLAND UNION SCHOOLS
WAYLAND MIDDLE SCHOOL

Wayland Middle School | 701 Wildcat Drive | Wayland, MI 49348
Phone 269.792.2306 **Fax** 269.397.1126 www.waylandunion.org

Carolyn Whyte
Principal
Timothy Restau
Assistant Principal
Athletic Director
Shelby VanKulken
Counselor

September 11, 2017

Dear Parent/Guardian:

The Wayland Union Schools Board of Education has established a Health Program of instruction which includes HIV/AIDS, communicable disease prevention and reproductive health education. This 2 week unit of instruction will occur as part of the 8th grade Health Class during the trimester your student is scheduled for this course.

According to law, you have the right to review the materials and curriculum content to be used in the program. The Board of Education, in compliance with the statue, will have the materials available for review, by appointment, from September 18 – September 29 at the middle school office.

The statue allows you to excuse your child from this unit of instruction without penalty, please send a written notice to Carolyn Whyte, Middle School Principal, by September 29. **A form has been provided for your convenience and can also be found on the middle school website.** Please clarify whether the opt-out request is for the current instruction or if the opt-out is intended for this time and all future instruction until you notify the building principal that you wish to have your child included.

The Health class is a State of Michigan required course for graduation. Opting out of the 2 week reproductive health program does not interfere with receiving credit for the class. For further information or questions, feel free to contact me at (269) 792-2306 and a meeting can be set up at your convenience.

Sincerely,
Carolyn Whyte

Carolyn E Whyte

Principal
Wayland Union Middle School

WAYLAND UNION SCHOOLS
REPRODUCTIVE HEALTH/HIV EDUCATION

"OPT OUT" REQUEST

____1. **My child will be "opted out" for the instruction indicated below.**

(Parent: Please identify on the lines below the instruction from which you would like your child excluded.)

_____

_____

_____

"OPT IN" REQUEST

_____2. **My child was previously "opted out" of the instruction. I would like to include my student in the instruction.**

DATE: _____ STUDENT'S GRADE _____

STUDENT'S NAME: _____

(Please Print)

PARENT/GUARDIAN NAME: _____

(Please Print)

PARENT/GUARDIAN SIGNATURE: _____