

8<sup>th</sup> Grade

**FAMILY LIFE AND HUMAN SEXUALITY  
PERMISSION FORM**

Student Name: \_\_\_\_\_

Daytime Phone Number of Parent/Guardian: \_\_\_\_\_

**Please check YES or NO for each of the questions below.**

I give permission for my student to receive instruction on Family Life and Human Sexuality. YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please complete and return this form to school no later than \_\_\_\_\_.**

\*If this form is not returned, your son or daughter will receive instruction on FLHS. Thank you for your cooperation.