**This form only needs to be returned if you do NOT want your child to participate**

The 2021 Montana Legislature recently passed legislation, Senate Bill 99, under Montana Code Annotated *section 2. of Section 20-5-103*, which relates to the teaching of Human Sexuality Education in K-12 public schools in Montana.  The effective date for the new law is July 1, 2021.

Under this new law, a parent, guardian, or other person who is responsible for the care of a child may refuse to allow the child to attend or withdraw the child from a course of instruction, a class period, an assembly, an organized school function, or instruction provided by the district through its staff or guests invited at the request of the district regarding human sexuality instruction. The withdrawal or refusal to attend is an excused absence pursuant to 20-5-103.

For purposes of this section, “human sexuality instruction” means teaching or otherwise providing information about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual acts, sexual orientation, gender identity, abstinence, contraception, or reproductive rights and responsibilities.

If you do not want your child to take part in the unit that covers human sexuality, (1) check the box below (2) sign the form and date it, (3) return it to the school by Sept. 30th.  If you have questions regarding the units on sexuality, you may contact the principal in the building(s) you child(ren) attend.

Note:  If you do not want your child to participate in the unit(s) pertaining to human sexuality as defined above, please complete this form and return to our child’s school.  You do not need to return the form if you would like your child to participate.

**Child’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_**

**I have read this form and do not grant permission for my child to participate in unit(s) pertaining to human sexuality as defined above.**

**NO- My child may not take part in the unit(s)**

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_