

**East Los Angeles Skills Center**

3921 Selig Place, Los Angeles, California 90031

Telephone (323) 224-5970 Fax: (323) 222-2351

[www.eastlaskillscenter.org](http://www.eastlaskillscenter.org)

**Austin Beutner**  
Superintendent of Schools

**Joseph Stark**  
Executive Director  
DACE

**Vladimir Tigno**  
Principal

**Mac Velazquez**  
AC<sup>2</sup>T Advisor

Dear Parent or Guardian:

Your son/daughter is enrolled in a course in health at our school, as part of the high school program. This course includes one or more assignments in which the human reproductive organs may be described, illustrated or discussed within the context of the study of human growth, maturation and reproduction.

There are also assignments in this and other courses that deal with the causes, symptoms, complications and treatment of venereal disease and of AIDS within the study of diseases and disorders. The purpose of these units is to help give students a better understanding of such diseases and an awareness of lifestyle behaviors that will prevent the spread of these diseases to themselves and others.

Please be aware that you have the right to have your child excluded from these units if you have concerns as to the nature of the lessons; in such an event, other assignments will be substituted: We do feel, however, that these units are of major importance because of the impact these health issues are having on our society, from the standpoint of both health and psychological well-being. We hope, therefore, that you will allow your child to participate in these units. The signed consent of a parent or guardian WILL BE REQUIRED for students to receive this information.

The California Education Code requires that instructional materials that are to be used in these units be made available for inspection by parents or guardians. In compliance with this requirement, you may request of the program coordinator at your school an opportunity to preview the materials.

Please indicate on the Parent Consent Form whether or not you wish your son/daughter to receive the instruction referred to above.

Accelerated College and Career Transition (ACCT)

**PARENT CONSENT FORM**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

I do  do not  wish my son/daughter to receive the instruction dealing with human reproductive and sexually transmitted diseases.

Name of son/daughter: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature of Parent or Guardian