



Parent/Legal Guardian

September 26, 2025

RE: Opt-In | Human Sexuality | Health and Life Skills Grade 8

Dear Parent/Guardian:

In accordance with Section 58.11 of the [Education Act](#), Alberta schools must now obtain written consent of parents prior to providing instructions or materials that deal primarily and explicitly with human sexuality, gender identity or sexual orientation. Students are unable to participate in this portion of the curriculum unless consent is explicitly granted.

As part of the Alberta Program of Studies, **Grade 8** students take [Health and Life Skills \(Health and Life Skills\)](#). As a part of this Program of Studies, students will begin learning about human sexuality in an age-appropriate and respectful ways. These specific learning outcomes exist with the “Wellness Choices” unit, and the specific topics are outlined in the chart below.

Your student’s class will start learning about this topic on or after **November 3, 2025**. Please refer to the table in the attached opt-in consent form for a detailed outline of the learning outcomes addressed in this unit. Parents/Guardians may choose to opt-in to all or selected outcomes. Your consent is required by **October 31, 2025**.

Parent/Guardian Options:

1. **Opt-In Full Consent** – Opt-In Full Consent – Your student will participate in all Human Sexuality lessons.
2. **Opt-In Partial Consent** – Your student will only participate in the Human Sexuality lessons which relate to the learning outcomes you agree to. The teacher will provide alternative learning tasks and assessments.
3. **Non-Participation** – Your student will not receive these lessons and will be provided with alternative learning tasks in a supervised setting.

Please note partially opting in or non-participation in these Human Sexuality lessons will not affect a student’s **Health and Life Skills** grade as the teacher will provide alternative learning tasks and assessments.

Sincerely,

Kevin Godfrey
Proud Principal | Marshall Springs School
t | 403-817-3528
kmgodfrey@cbe.ab.ca



Please complete, sign and return this form.

I have received notification that my student is in the **grade 8 Health and Life Skills** course that includes subject matter that deals primarily and explicitly with human sexuality.

As the parent / guardian, I give permission for my student to participate in the Human Sexuality component of the Health and Life Skills Program of Studies as follows.

Please select one:

- ☐ **Yes, I give permission** for my student to **fully** participate in the Human Sexuality component of the Health and Life Skills Program of Studies.
- ☐ **Yes, I give permission** for my student to **partially** participate in the Human Sexuality component of the Health and Life Skills Program of Studies (please check the learning outcomes you wish your student to participate in which are listed below).

Learning Outcomes	Yes, I consent	No, I do not consent
W-8.3 recognize and accept that individuals experience different rates of physical, emotional, sexual and social development	☐	☐
W-8.7 determine the signs, methods and consequences of various types of abuse, e.g., neglect, physical, emotional, sexual abuse	☐	☐
W-8.12 identify and describe the responsibilities and consequences associated with involvement in a sexual relationship	☐	☐
W-8.13 describe symptoms, effects, treatments and prevention for common sexually transmitted diseases, e.g., chlamydia, HPV, herpes, gonorrhea, hepatitis B/C, HIV	☐	☐
W-8.14 identify and describe basic types of contraceptives, e.g., abstinence, condom, foam, birth control pills	☐	☐

- ☐ **NO, I do not give permission** for my student to participate in the Human Sexuality lessons of Health and Life Skills, and they will leave the classroom and be provided an alternate learning task in a supervised space.

I confirm that I am the parent / legal guardian of the student named below and have chosen to exercise my right to either provide opt-in consent or exempt my student from the Human Sexuality component in the **Health and Life Skills** course described in the parent/guardian notice attached. I also confirm that it is my obligation to ensure that this form is returned to the teacher on or before **October 31, 2025** as indicated in the notice.

Print Name of Student

Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date of Signature (YYYY-MM-DD)

Protection of Privacy Act (POPA)

All personal information requested herein is collected by The Calgary Board of Education to fulfill the purpose set out above, is done so pursuant to section 4(c) of Alberta's *Protection of Privacy Act* (POPA) and is used under the authority of section 12(1)(a) of POPA.