



Millennium High School

75 Broad Street, 13th floor, New York, NY 10004

Phone 212-825-9008 ~ Fax 212-825-9095 ~ www.millenniumhs.org

Colin McEvoy, Principal

Parent Opt-Out Letter

The Department of Education offers an HIV/AIDS prevention program as part of an ongoing comprehensive health education program. In addition, all high school students in grades 9-12 are permitted to request free condoms at their school. As a parent or guardian, you may ask the school not to give your child condoms. This is referred to as a parent opt-out. Please note that you are not permitted to make this request if your child 1) is 18 years of age or older; 2) has been or is currently married; 3) is a parent, and/or 4) is entitled under law to give consent for himself/herself.

To request that your daughter/son not be permitted to receive condoms at their high school, please fill out this form and send it to the attention of the principal in an envelope marked "CONFIDENTIAL." If you change your mind and decide that your daughter/son can request free condoms, you can send another letter any time during the school year.

We are committed to ensuring confidentiality to all students, including those who do not participate in this program. All high schools know this policy and have been told to maintain the confidentiality of students.

The condom availability program for high school students offers an opportunity for you to talk to your child about health issues associated with HIV/AIDS. The most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. Support your child in making positive health choices.

Sign and return only if you DO NOT want your daughter/son to participate in the Condom Availability component of the HIV/AIDS Prevention Program.

My son/daughter (print student name) _____,

who is in grade 9 10 11 12 at Millennium High School (M418) IS NOT to participate in the condom availability component of the program.

Parent/Guardian Name (print): _____

Signature of Parent/Guardian

Date

Please return this form to the school to the attention of: MR. MCEVOY in a sealed envelope marked "CONFIDENTIAL."