



Eleanor Roosevelt High School

411 East 76th Street • New York, NY 10021 • Tel: 212.772.1220 • Fax: 212.772.1440
Dimitri Saliani, Principal www.erhsnyc.org

August 2018

Dear Parent/Guardian,

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*. 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.

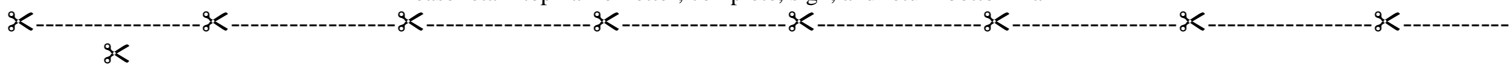
To request that your child **not** be permitted to receive condoms at his/her high school, **please complete the attached sheet and send it to the principal in an envelope marked "CONFIDENTIAL."** If you change your mind and decide that your child can request free condoms, send a letter to the principal 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. Please support your child in making positive health choices.

Sincerely,

Dimitri Saliani
Principal

Please retain top half of letter; complete, sign, and return bottom half



CONDOM DISTRIBUTION OPT-OUT FORM

Sign and return only if you **DO NOT** want your child to participate in the Condom Availability component of the HIV/AIDS Prevention Program. It must be noted that this option shall not apply to students who are 18 years or older, who are or who have been married, who are parents, or who are entitled under law to give consent for themselves. If you have more than one child enrolled in the school, please complete a separate form for each child.

My child _____ (PRINT FULL NAME OF STUDENT),
who is in grade ___ (9, 10, 11, OR 12) at Eleanor Roosevelt High School, **IS NOT** to participate in the condom availability component of the program. My child's OSIS Number is _____ - _____ - _____ (Leave blank if you do not know your child's number).

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

*If your child is not to participate, return this portion to her/his HIGH SCHOOL PRINCIPAL in an envelope marked "CONFIDENTIAL."
Si su hijo(a) no va a participar, entregue este formulario completo al PRINCIPAL/DIRECTOR DE LA ESCUELA SUPERIOR en un sobre con la leyenda "CONFIDENTIAL" ("CONFIDENCIAL").*