



Fresno County Office of Education

CALIFORNIA PASS PROGRAM • Migrant Education • Dr. Guido A. Pramps, State Director



Parental Permission Slip

Dear Mr., Mrs., Ms.

_____,
(Name)

Your child, _____ is enrolling in the PASS course(s) entitled Health Education and/or Choices for Life. The course(s) include topics in the following areas:

- ✓ Drugs
- ✓ Human Reproductive System
- ✓ Pregnancy
- ✓ Sexually Transmitted Diseases

Some of these topics are of a sensitive nature. If you agree to have your child enrolled in this course, please sign below to show your consent.

In accordance with the Education Code this permission slip must be filed at the school site.

DO NOT send to the PASS Program



Yes, my child may enroll in the PASS course(s) entitled Health Education and/or Choices for Life.

(Parent's Signature)

(Date)